

<b>Case Number:</b>	CM15-0182041		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	06/18/2003
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64-year-old male, who sustained an industrial injury on 6-18-2003. The injured worker was diagnosed as having brachial neuritis, not otherwise specified. Treatment to date has included medications, chiropractic, and home exercise. Currently (8-14-2015), the injured worker complains of "bad headaches" with low back and neck pain. Pain was rated 2-3 with medication use and 8 out of 10 without (unchanged from visit 6-12-2015). His condition was worsened since last examination, evidenced by the inability to "walk as much due to spine pain" He was able to perform tasks on his own but needed assistance with some bathing. He was currently not working. An objective physical examination was not documented. Medications included Percocet and Lexapro. The treatment plan included electromyogram and nerve conduction studies of the bilateral upper extremities, non-certified by Utilization Review on 8-21-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Electromyography and nerve conduction velocity studies of the bilateral upper extremities:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant has a remote history of a work injury in June 2003 and is being treated for neck and, low back pain and headaches. When seen, medications were decreasing pain from 8/10 to 2-3/10. Her condition and complaints remained the same. Physical examination findings recorded were vital signs with a body mass index of 42. Electro diagnostic testing was requested beginning in January 2015. Electro diagnostic testing (EMG/NCS) is generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no documented neurological examination over the past 6 months that would support the need for obtaining either upper extremity EMG or NCS testing. This request is not medically necessary.