

<b>Case Number:</b>	CM15-0183464		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/23/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 38-year-old female who sustained an industrial injury on 9-23-12. The injured worker reported pain in the neck, bilateral hands, back and bilateral lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine sprain strain, cervical radiculopathy, bilateral wrist - hand sprain strain, lumbar spine sprain strain, lumbar radiculopathy, bilateral knee sprain strain, right knee medial meniscus tear and left ankle foot sprain strain. Medical records dated 7-30-15 indicate pain rated at 5 out of 10. Provider documentation dated 7-30-15 noted the work status as remain off work. Treatment has included electrophysiological testing, left wrist magnetic resonance imaging (5-5-15), right wrist magnetic resonance imaging (5-5-15), physical therapy, acupuncture treatment, shockwave therapy, neurostimulation therapy, and ibuprofen. Objective findings dated 7-30-15 were notable for tenderness to palpation at suboccipital region, over carpal bones, at lumbar paraspinal muscles, over medial and lateral joint lines of bilateral knees, at medial and lateral malleolus. Sensory response was "slightly decreased sensation to pin-prick and light touch at the L4, L5 and S1, dermatomes bilaterally." The original utilization review (8-27-15) denied a request for electromyography-nerve conduction velocity study right upper extremity and electromyography-nerve conduction velocity study left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, Summary.

**Decision rationale:** EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment. There is no change in physical exam. Patient already has an exam consistent with carpal tunnel syndrome. It is unclear why testing is required. There is no rationale provided for requested test. NCV is not medically necessary. As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. There is no exam or signs consistent with radiculopathy. There is no rationale about why testing is requested for a chronic condition. EMG is not medically necessary. EMG and NCV of right upper extremity is not medically necessary.

**EMG/NCV left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, Summary.

**Decision rationale:** EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there is signs of median or ulnar nerve entrapment. There is no change in physical exam. Patient already has an exam consistent with carpal tunnel syndrome. It is unclear why testing is required. There is no rationale provided for requested test. NCV is not medically necessary. As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. There is no exam or signs consistent with radiculopathy. There is no rationale about why testing is requested for a chronic condition. EMG is not medically necessary. EMG and NCV of left extremity are not medically necessary.