

<b>Case Number:</b>	CM15-0183509		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	08/20/2015
<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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 40 year old female who sustained an industrial slip and fall injury on 02-04-2010. The injured worker was diagnosed with C5-C7 spinal cord injury, unspecified, cervical radiculopathy, right hemiparesis and anxiety disorder. The injured worker is status post cervical spine radiofrequency neuro ablation in December 2011. According to the treating physician's progress report on 07-16-2015, the injured worker continues to experience left shoulder pain with tightness and burning in the trapezius and around the shoulder girdle associated with left arm and hand tingling. The injured worker is wheelchair bound and reports decreased function in the right side. Neurological examination demonstrated a right hemiparesis requiring assistance with transfers and activities of daily living. There was decreased sensation to soft touch of the medial left arm greater than right forearm and bilateral lower extremities anterior greater than posterior legs. Motor strength was documented as right deltoid 0 out of 5, right external rotator of right shoulder 1 out of 5, hip flexion, right triceps, biceps and right grip strength at 3 out of 5. Deep tendon reflexes were noted at 3 plus on the right and 2 plus on the left. Prior treatments included diagnostic testing, radiofrequency ablation, psychiatric evaluation and treatment, home acupuncture therapy, physical therapy, right ankle-foot orthosis (AFO), home exercise program and medications. Current medications were listed as Protonix and vitamins. Treatment plan consists of home health physical therapy and occupational therapy, update cervical spine magnetic resonance imaging (MRI), shoulder orthopedic consultation, home health aide and the current request for Electromyography (EMG) left upper extremity, Electromyography (EMG) right upper extremity; Nerve Conduction Velocity (NCV) left extremity and Nerve Conduction

Velocity (NCV) right upper extremity. On 08-20-2015, the Utilization Review determined the request for bilateral upper extremity Electromyography (EMG) and Nerve Conduction Velocity (NCV) were not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG left upper extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back, EMG/NCV studies.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that EMG studies can be utilized for the evaluation of neuromuscular status when clinical findings and radiological tests are inconclusive. The records indicate that the patient had subjective, objective and radiological findings consistent with neurological disorder related to the cervical spine and upper extremities. There are clinical records by the Neurologist indicating diagnoses of cervical radiculopathy, cervical spinal cord injury and right hemiparesis. The guidelines noted that further EMG studies would not provide additional information when the neurological deficits are already established and clinically apparent. The criteria for the EMG studies of the left upper extremity was not met. The request is not medically necessary.

**NCV right upper extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back, EMG/NCV studies.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NCV studies can be utilized for the evaluation of neuromuscular status when clinical findings and radiological tests are inconclusive. The records indicate that the patient had subjective, objective and radiological findings consistent with neurological disorder related to the cervical spine and upper extremities. There are clinical records by the Neurologist indicating diagnoses of cervical radiculopathy, cervical spinal cord injury and right hemiparesis. The guidelines noted that further NCV studies would not provide additional information when the neurological deficits are already established and clinically apparent. The criteria for the NCV studies of the right upper extremity was not met. Therefore, the request is not medically necessary.

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