

<b>Case Number:</b>	CM15-0184398		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 52 year old male sustained an industrial injury on 6-12-13. Documentation indicated that the injured worker was receiving treatment for cervicgia, cervical spondylosis, cervical spine radiculopathy, and acromioclavicular osteoarthritis. Previous treatment included physical therapy, surgical repair of type 3 acromion, labral tear and Mumford procedure, injections, home exercise and medications. Upper extremity electromyography (EMG/NCV) on 11-11-14 was normal. In a PR-2 dated 8-17-15, the injured worker complained of constant pain (location not specified) characterized as sharp and aching, rated 8 out of 10 on the visual analog scale. The injured worker stated that the shoulder was getting better but hurt more with driving for just a few blocks. The physician stated that a prior electromyography report (undated) showed no evidence of radiculopathy, ulnar impingement or carpal tunnel syndrome. Physical exam was remarkable for cervical spine with normal posture, normal range of motion except for pain on twisting to the left, tenderness to palpation at the left cervical paraspinal area, positive left facet loading, tingling in the left thumb and middle finger and 5/5 bilateral upper extremity strength, left shoulder range of motion 60% of normal. The treatment plan included medications (Lyrica, Tramadol and Neurontin), electromyography and nerve conduction velocity test to rule out cervical radiculopathy, medial branch block at C4, 5 and 6, cervical epidural steroid injections at C7-T1 and physical therapy for the shoulder and upper back. On 9-16-15, Utilization Review noncertified a request for electromyography and nerve conduction velocity test per 8-17-15 order.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) per 8/17/15 order:** 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.

**Decision rationale:** Electromyography (EMG) is used as a diagnostic test. Criteria for its use are very specific. The test will identify physiologic and structural abnormalities that are causing nerve dysfunction, although the literature does not support its routine use to evaluate for nerve entrapment. It can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. The literature does not support the use of EMG testing for shoulder, wrist, hand or fingers abnormalities unless the clinician suspects carpal tunnel syndrome. The ACOEM Guidelines define its use for diagnosis of shoulder, wrist (except for Carpal Tunnel), hand or finger conditions as a D recommendation, that is, the information available in the literature does not meet inclusion criteria for research-based evidence. Since the request is to look for radicular nerve injury related to the patient's neck anatomy, diagnosis of carpal tunnel is not being entertained. However, the reason for the test is moot since a recent upper extremity EMG (Nov 2014) was normal and there has not been any new trauma or significant change in symptoms to suggest newly developed radicular injury. As noted in the ACOEM Guidelines, this patient does not meet the criteria for this test. Medical necessity has not been established. The request is not medically necessary.

**Nerve conduction study (NCS) per 8/17/15 order:** 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.

**Decision rationale:** Nerve Conduction Velocity (NCV) is used as a diagnostic test. Criteria for its use are very specific. The test will identify physiologic and structural abnormalities that are causing nerve dysfunction, although the literature does not support its routine use to evaluate for nerve entrapment. It can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. The literature does not support the use of NCV testing for shoulder, wrist, hand or fingers abnormalities unless the clinician suspects carpal tunnel syndrome. The ACOEM Guidelines define its use for diagnosis of shoulder, wrist (except for Carpal Tunnel), hand or finger conditions as a D

recommendation, that is, the information available in the literature does not meet inclusion criteria for research-based evidence. Since the request is to look for radicular nerve injury related to the patient's neck anatomy, diagnosis of carpal tunnel is not being entertained. However, the reason for the test is moot since a recent upper extremity NCV (Nov 2014) was normal and there has not been any new trauma or significant change in symptoms to suggest newly developed radicular injury. As noted in the ACOEM Guidelines, this patient does not meet the criteria for this test. Medical necessity has not been established. The request is not medically necessary.