

<b>Case Number:</b>	CM15-0188401		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 53 year old female with a date of injury of October 14, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy. Medical records dated June 11, 2015 indicate that the injured worker complains of neck pain rated at a level of 10 out of 10 and described as sharp, throbbing, and shooting. Records also indicate the injured worker has difficulty sleeping due to pain. The physical exam dated June 11, 2015 reveals increased pain of the neck especially with side to side turning, positive Spurling's test to the right, decreased sensation to the right C6 and C7 distribution, and decreased weakness of the right arm. The progress note date August 6, 2015 noted a statement from the treating physician that the electromyogram study "Only took 15 minutes to do the study which means that it was probably a very inadequate study". The report for the electromyogram-nerve conduction velocity study was not submitted for review. Treatment has included epidural injection, therapy (type and number of sessions not documented), chiropractic treatments and acupuncture. The original utilization review (August 28, 2015) non-certified a request for electromyogram-nerve conduction velocity study of the bilateral upper extremities. The patient was authorized for cervical fusion surgery on 8/26/13 but surgery was not performed. The patient has had MRI of the cervical spine on 7/10/15 that revealed disc protrusions, foraminal and central canal narrowing; EMG of bilateral upper extremity on 7/8/15 that was reportedly normal; and X-ray of the cervical region revealed loss of disc height. The medication list includes Meloxicam and Hydrocodone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral upper extremity, outpatient:** 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:** Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The patient has had MRI of the cervical spine on 7/10/15 that revealed disc protrusions, foraminal and central canal narrowing; EMG of bilateral upper extremity on 7/8/15 that was normal. Significant changes in the objective physical examination findings since the last EMG that would require a repeat EMG study were not specified in the records provided. A detailed history and duration of signs/symptoms of tingling and numbness in the left upper extremity was not specified in the records provided. A plan for an invasive procedure for the upper extremity was not specified in the records provided. The patient had received an unspecified number of chiropractic and PT visits for this injury. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. The previous conservative therapy notes were not specified in the records provided. The medical necessity of the request for a (repeat) EMG/NCV of the bilateral upper extremities, outpatient is not fully established for this patient. Therefore, the request is not medically necessary.