

<b>Case Number:</b>	CM15-0196055		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/27/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Physical Medicine & Rehabilitation

### 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 56 year old female, who sustained an industrial injury on 6-27-2014. The injured worker is undergoing treatment for: cervical spine sprain and strain, lumbar sprain and strain, left wrist sprain and de Quervain's. On 7-21-15, she reported low back pain rated 2-3 out of 10. Objective findings revealed tenderness in the low back, positive sacroiliac tenderness testing, range of motion within normal limits for the bilateral hips, knees and ankles, decreased sensation in the right L3 and L5 dermatomes, and full strength in the lower extremities is noted. On 9-21-15, she reported neck pain and "feeling if a ton of bricks is at the base of the neck". She indicated the pain to radiate into the bilateral upper extremities. She rated her pain 7 out of 10. She also reported low back pain rated 6-7 out of 10, and left wrist pain rated 7-8 out of 10. She indicated there to be numbness and weakness in the neck and left wrist. Objective findings revealed decreased neck, low back and left wrist ranges of motion, positive compression testing in the neck, positive straight leg raise testing on the right. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the cervical spine (9-11-14), lumbar epidural steroid injection (3-16-15 and 6-15-15), and magnetic resonance imaging of the thoracic spine (1-6-15). Medications have included: not documented. Current work status: temporarily totally disabled. The request for authorization is for: electromyogram (EMG) and nerve conduction velocity (NCV) testing to the bilateral upper extremities. The UR dated 9-22-2015: non-certified the request for EMG-NCV to bilateral upper extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography)/NCV (Nerve Conduction Velocity), bilateral upper extremities:**  
Overturned

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

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

**Decision rationale:** The patient presents with low back and neck pain with radicular symptoms in the upper and lower extremities. The request is for EMG (Electromyography)/NCV (Nerve Conduction Velocity), bilateral upper extremities. The request for authorization is dated 07/30/15. MRI of the cervical spine, 09/11/14, shows severe degenerative changes within the cervical spine, with underlying congenital spinal stenosis. Patient's diagnoses include cervical spine sprain and strain with midline disc osteophyte complex, facet osteoarthritis and severe stenosis at C2-C5, history of C5-C6 fusion; left wrist sprain with De Quervain's tenosynovitis. Physical examination of the cervical spine revealed decreased lordosis. Tenderness with muscle guarding was noted over the paravertebral and trapezius muscles. Axial compression test was positive and elicited increased neck, trapezius and interscapular muscles. Per progress report dated 07/30/15, the patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per supplemental report dated 09/03/15, treater's reason for the request is "to assess for any disc pathology or peripheral neuropathy." In this case, the patient continues with neck pain. Given the patient's upper extremities symptoms, physical examination findings and diagnosis, EMG/NCV study would appear reasonable. There is no evidence that the patient has had a prior EMG/NCV of the Bilateral Upper Extremity study done. The request appears to meet guidelines indication. Therefore, the request IS medically necessary.