

<b>Case Number:</b>	CM15-0199979		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	02/16/2013
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Arizona, 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:

The injured worker is a 33 year old female, who sustained an industrial injury on 2-16-2013. Diagnoses include chronic cervical strain, cervical disc bulge, thoracic sprain-strain, and lumbar strain-sprain. Treatments to date include activity modification, Norco, and acupuncture treatments. On 9-3-15, she complained of pain in the neck, upper back, and left side, and development of numbness, tingling in bilateral hands. The record documented a recent evaluation by another physician "who ordered testing", however; that evaluation was not submitted for this review. The physical examination documented cervical tenderness and tightness, decreased grip strength, and a positive Phalen's test on the left side. The treating diagnoses included cervical strain with carpal tunnel complaints and possible radiculopathy. The plan of care included electromyogram and nerve conduction studies (EMG-NCS). The appeal requested authorization for EMG-NCS of bilateral upper extremities. The Utilization Review dated 9-21-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Shoulder Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter, Electromyography (EMG), Nerve conduction studies (NCS).

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

**Decision rationale:** According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. An EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, the claimant has cervical strain and spasms. The findings suggest carpal tunnel rather than central pathology. There is no imaging to refute this. The request for the EMG/NCV is not medically necessary.