

<b>Case Number:</b>	CM15-0203227		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: 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:

The injured worker is a 48 year old male, who sustained an industrial-work injury on 11-15-11. He reported initial complaints of left shoulder and lumbar pain. The injured worker was diagnosed as having shoulder impingement, rule out rotator cuff pathology, lumbar discopathy, and L4-5 radiculopathy. Treatment to date has included medication, left shoulder surgery, and diagnostics. Currently, the injured worker complains of increased frequent flare up of left shoulder pain with residual weakness. He reports doing well after surgery but now pain is worsening. Pain was described as throbbing and rated 5 out of 10. Pain was also reported to the cervical spine referred to as sharp with radiation into the upper extremities and rated 7 out of 10. Per the secondary treating physician's re-evaluation on 8-4-15, exam of the cervical spine notes tenderness with palpation and spasm to the paravertebral muscles, positive Spurling's maneuver, range of motion limited by pain, and normal sensation. The shoulders have tenderness at the anterior and subacromial space of left shoulder and to glenohumeral region of right shoulder. The lumbar spine has tenderness with spasm, positive seated nerve root test, range of motion is guarded, tingling and numbness in the lateral thigh, anterolateral leg and foot and L5 dermatomal pattern. The Request for Authorization requested service to include EMG of the Left Upper Extremity, NCV Left Upper Extremity, NCV Right Upper Extremity, and EMG Right Upper Extremity. The Utilization Review on 9-23-15 denied the request for EMG of the Left Upper Extremity, NCV Left Upper Extremity, NCV Right Upper Extremity, and EMG Right Upper Extremity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMG of the Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS states that 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. The medical record fails to document radicular-type arm symptoms. EMG of the Left Upper Extremity is not medically necessary.

### **NCV Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Shoulder Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines do not recommend electrodiagnostic studies 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. NCV Left Upper Extremity is not medically necessary.

### **NCV Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Shoulder Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** The Official Disability Guidelines do not recommend electrodiagnostic studies 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. NCV Right Upper Extremity is not medically necessary.

**EMG Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS states that 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. The medical record fails to document radicular-type arm symptoms. EMG Right Upper Extremity is not medically necessary.