Case Number:	CM15-0204242		
Date Assigned:	10/21/2015	**Date of Injury:**	02/03/2011
Decision Date:	12/04/2015	**UR Denial Date:**	10/09/2015
Priority:	Standard	**Application Received:**	10/19/2015

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:

The injured worker is a 57 year old male who sustained an industrial injury on 2-3-2011. A review of medical records indicates the injured worker is being treated for shoulder joint pain, cervicalgia, brachial neuritis, sprains and strains of neck, and sprain and strains of thoracic region. Treatment has included heat therapy and cold therapy, medications, epidural injections, physical therapy, and chiropractic care which were all considered to effective. Cervical MRI revealed degenerative disc disease with facet arthropathy at C3-4, C4-5, C5-6 and C6-7 and spinal canal stenosis at the same levels. Medical records dated 9-23-2015 noted neck, upper back, right upper extremity, and thoracic pain. Pain was rated a 3 out of 10. The injured worker had difficulty doing yard work and participating in recreational activities. Physical examination noted restricted range of motion to the cervical spine. There was spasm and tenderness noted to the cervical spine and the thoracic spine. Neer and Hawkin's tests were positive on the right. Movement was restricted to the right shoulder and 4/5 weakness was noted in the right deltoid, biceps and triceps muscles. Upper extremity sensation was normal. Utilization review dated 10-9-2015 non-certified EMG-NCV of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of The RUE: Overturned

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, Summary.

Decision rationale: Electromyography (EMG) and Nerve Conduction Velocity (NCV) are diagnostic tests used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Specifically, EMG testing is used to evaluate and record the electrical activity produced by skeletal muscles and NCV testing is used to evaluate the ability of the body's motor and sensory nerves to conduct electrical impulses. These tests can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). The ACOEM guidelines also recommend their use to clarify nerve root dysfunction in cases of disk herniation prior to surgery or epidural injections. Criteria for the use are very specific. When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient has symptoms present for over 4 weeks, has a diagnosed disk herniation for which surgery is an option and complains of continued pain despite appropriate conservative therapies. Exam is equivocal but with some signs suggesting an axial etiology. EMG/NCV testing will help differentiate if the symptoms are from a condition affecting the cervical spinal roots or a more peripheral cause and thus will direct further therapy. Medical necessity for these studies has been established.