

<b>Case Number:</b>	CM15-0204733		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: North Carolina  
 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 44 year old female, who sustained an industrial injury on 02-14-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left lateral epicondylitis, left elbow strain, left wrist strain, cervical strain, lumbar strain, and muscle spasms. Medical records (09-09-2015) indicate ongoing left arm (hand & elbow) pain, neck pain and low back pain. Left arm pain levels were rated 10 out of 10 in severity on a visual analog scale (VAS) and described as dull, achy and occasionally sharp. Left hand pain was rated 10 out of 10 and described as sharp and numb. The neck pain and low back pain were rated 10 out of 10. The clinical notes did not specifically address activity levels or level of functioning. Per the treating physician's progress report (PR), the IW was able to return to work with restrictions. The physical exam, dated 09-09-2015, revealed no apparent distress, tenderness to palpation over the left lateral epicondyle with full range of motion (ROM), restricted ROM in the cervical spine, tenderness to palpation over the cervicothoracic junction and paravertebral musculature bilaterally, spasms in the trapezius bilaterally, tender nodules throughout the left parascapular musculature, diminished sensation to light touch in the C4-T1 dermatomes on the left, diffuse tenderness throughout the lumbar paravertebral musculature, restricted ROM in the lumbar spine and intact sensation and motor strength in the lower extremities. Relevant treatments have included: work restrictions, and pain medications. The PR and request for authorization (09-09-2015) shows that the following diagnostic test was requested: EMG (electromyography) and NCS (nerve conduction study) of the left upper extremity. The original utilization review (10-09-2015) non-certified the request for EMG and NCS.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography)/ NCS (nerve conduction study): Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Neck and Upper Back Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Electrodiagnostic studies (EDS); Nerve conduction study (NCS); Electromyography (EMG); Official Disability Guidelines: Elbow - Tests for cubital tunnel syndrome.

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

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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 assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The provided documentation does not show any signs of emergence of red flags or subtle physiologic evidence of tissue insult or neurologic dysfunction. There is no mention of planned invasive procedures. There are no subtle neurologic findings listed on the physical exam. For these reasons criteria for special diagnostic testing has not been met per the ACOEM. Therefore, the request is not medically necessary.