

<b>Case Number:</b>	CM15-0206473		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60-year-old male who sustained an industrial injury January 7, 2013. Past history included a motor vehicle accident October, 2014 and hypertension. Past treatment included medication, physical therapy and a cane. According to an initial comprehensive orthopedic primary treating physician's report dated September 16, 2015, the injured worker presented with radicular neck pain and spasms, rated 7 out of 10, associated with numbness and tingling in the bilateral upper extremities; constant bilateral shoulder pain, rated 7 out of 10, radiating down the arms to the fingers associated with muscle spasms; radicular low back pain, rated 7 out of 10, with muscle spasms and associated with numbness and tingling of the bilateral lower extremities-denies bowel or bladder problems; bilateral knee pain, rated 7 out of 10, with muscle spasms and numbness, tingling, and pain radiating to the feet. He reports the pain is alleviated with medication, rest, and activity restriction. Objective findings included; cervical spine tenderness with restricted active range of motion; bilateral shoulder- tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle, bilaterally; sensation to light touch and pinprick is diminished over the C5-C8 and T1 dermatomes in the upper extremities; motor strength decreased secondary to pain in the upper extremities; lumbar spine; tenderness with decreased range of motion; bilateral knees-tenderness over the medial and lateral joint line; lower extremities sensory slightly decreased L4-5 and S1 dermatomes, bilaterally, motor strength decreased secondary to pain. Diagnoses are cervical and lumbar sprain, strain, rule out HNP (herniated nucleus pulposus); cervical radiculopathy; bilateral shoulder sprain, strain, rule out internal derangement; lumbar radiculopathy; bilateral knee

sprain, strain, rule out internal derangement. Treatment plan included; prescribed medication; Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Ketophene, and Compound HMPC2, x-rays of the cervical and lumbar spine, hot and cold unit, TENS (transcutaneous electrical nerve stimulation) unit with supplies, physical therapy, shockwave therapy, a functional capacity evaluation, MRI's of the cervical and lumbar spine and right and left shoulders and knees, and referral to pain management. At issue, is the request for authorization for nerve conduction velocity (NCV) of the bilateral upper extremities. According to utilization review dated September 29, 2015, the request for NCV of the Left and Right upper Extremities is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nerve conduction velocity (NCV) of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back 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) Pain (Chronic), Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** The claimant sustained a work injury in January 2013 when he slipped and fell while unloading a truck. The requesting provider saw him for an initial evaluation in September 2015. Prior testing had included x-rays and MRI scans which are not further described. Complaints included neck pain with burning and muscle spasms associated with numbness and tingling in the upper extremities bilaterally. There was cervical tenderness with decreased range of motion. There was decreased upper extremity strength due to pain. There was decreased multilevel dermatomal sensation in the upper extremities bilaterally. Multiple diagnostic tests were requested including x-rays and MRI scans of the cervical spine, lumbar spine, and both shoulders and electrodiagnostic testing of both upper and both lower extremities. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. NCS testing alone without electromyography would not be an adequate evaluation for radiculopathy. The findings of decreased bilateral dermatomal sensation could be evaluated through imaging or electrodiagnostic testing and in this case, the claimant has already had MRI scans, which were not reviewed. Without reviewing the claimant's prior diagnostic testing and with this request for NCS only, it cannot be accepted as being medically necessary.