

<b>Case Number:</b>	CM15-0208485		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	04/26/2001
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: 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 53 year old male with a date of injury on 04-26-2001. The injured worker is undergoing treatment for cervical disc degeneration. A physician progress note dated 09-21-2015 documents the injured worker complains of cervical spine symptoms greater on the left than the right. The pain radiates to the paravertebral musculature and to the trapezius to the interscapular area primarily on the left. He rates his pain as 3 out of 10 at its least and 7 out of 10 at its worst. The pain is causing sleep problems. He also has headaches. There is tingling and numbness in the long and right finger from the medial arm, left greater than right. Symptoms are progressively increasing despite treatment. His previous Electromyography was done on 08-21-2008 and demonstrated chronic stable radiculopathy on the left. At this time with increased findings, he requires a follow up Electromyography and Nerve Conduction Velocity of the bilateral upper extremities. Treatment to date has included diagnostic studies, medications, acupuncture, use of a Transcutaneous Electrical Nerve Stimulation unit, use of a pneumatic cervical traction device, activity modifications, ice, heat and medications. Current medications include Norco, OxyContin, Ambien, and Diazepam. A Magnetic Resonance Imaging of the cervical spine done on 09-11-2015 revealed C3-C4 minimal left neural foraminal stenosis secondary left uncovertebral hypertrophy, C4-C5 disc protrusion that abuts the ventral surface of the spinal cord and end plate spurs anteriorly, C5-6 disc protrusion and endplate spurs anteriorly, C6-C7 moderate to severe left neural foraminal stenosis and moderate right neural foraminal stenosis with encroachment on both C7 nerve roots and a broad based posterior disc osteophyte complex and left greater than right uncovertebral hypertrophy, T1-T2 mild right neural foraminal

stenosis secondary to a 3mm right foraminal protrusion. The treatment plan includes continued use of his meds, Transcutaneous Electrical Nerve Stimulation unit, traction device, and activity modification. On 10-06-2015 Utilization Review non-certified the request for Electromyogram and Nerve conduction velocity of the bilateral upper extremities for the cervical spine.

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

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

**Electromyogram (EMG)/Nerve conduction velocity of the bilateral upper extremities for the cervical spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Neck and special studies.

**Decision rationale:** This patient receives treatment for chronic pain involving the neck with radiation down the L trapezius. There is tingling and numbness involving long and ring fingers of the R hand. The patient had an EMG in 2008 which showed a stable radiculopathy on the left upper extremity. The treatment plan to date has included medications, acupuncture, TENS unit, cervical traction, and hot and cold modalities. A recent MRI of the cervical spine shows minimal L neural foraminal stenosis and some R sided stenosis especially at C7. This review addresses a request for an EMG of both upper extremities. The treatment guidelines point out that an EMG and NCV may be medically indicated to help explain and identify subtle neurologic dysfunction in patients with arm and neck symptoms. The documentation does not clearly state what the clinical rationale for ordering these tests is. There are no surgical plans to bring the patient to have surgery. Based on the documentation these two electrodiagnostic studies are not medically necessary.