

<b>Case Number:</b>	CM15-0208812		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Arizona, 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 35 year old male who sustained an industrial injury on 5-15-2013. A review of medical records indicates the injured worker is being treated for cervical radiculopathy, low back pain, and myofascial pain. Medical records dated 8-28-2015 noted chronic pain syndrome secondary to low back pain, cervical pain. Pain radiates to the shoulder, worse on the right. Physical therapy continued to help in improving functionality. Physical examination notes some difficulties with range of motion of the cervical spine due to pain. There was tenderness in the cervical and lumbar spinal and paraspinal muscles. Treatment has included physical therapy, Norco, and Topamax. Utilization review form dated 9-22-2015 noncertified EMG-NCV of the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

**Decision rationale:** According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnosis of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended 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. In this case, the claimant's neurological exam was not performed. There was mention of numbness but there was no evidence of discrepancy in exam or imaging to justify the EMG. There was no plan for intervention based on results. The request is not medically necessary.