

<b>Case Number:</b>	CM15-0028470		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 52 year old male, who sustained an industrial injury on 4/23/14. On 2/13/15, the injured worker submitted an application for IMR for review of EMG/NCS of bilateral upper extremities. The treating provider has reported on 10/2/14, the injured worker returns to the office on this date as a follow-up complaining of lumbar pain radiating to bilateral thighs to bilateral feet with constant numbness and tingling and occasional perineal numbness bilaterally. The diagnoses have included neck sprain/strain, brachial neuritis or radiculitis, thoracic/lumbosacral neuritis/radiculitis, lumbosacral sprain/strain, thoracic sprain/strain, lumbar sprain/strain. Treatment to date has included x-rays cervical, thoracic and lumbar (10/20/14), physical therapy, acupuncture, MRI cervical and MRI lumbar spine (8/22/14). On 1/15/13 Utilization Review non-certified EMG/NCS of bilateral upper extremities. The MTUS and ODG Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of the Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** ACOEM States: Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. ODG states: Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are 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, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies. ODG further clarifies NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Provided medical records lack documentation of sensory or motor function loss in the upper extremities. The treating physician notes on 10/20/2014 'no upper extremity pain'. The treating physician has not provided medical documentation to meet the above guidelines at this time. As such the request for EMG/NCS of bilateral upper extremities is not medically necessary.