

<b>Case Number:</b>	CM15-0211402		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	03/30/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 32-year-old female, who sustained an industrial injury on 3-30-2014. The injured worker is undergoing treatment for lumbar disc displacement and radiculopathy and cervical and lumbar strain-sprain. Medical records dated 9-21-2015 and 10-8-2015 indicate the injured worker complains of continuous neck pain radiating to the back, shoulders, arms and hands, continuous low back pain radiating to the buttocks and soles of the feet, and continuous leg pain with swelling, numbness and tingling. Physical exam dated 10-8-2015 notes cervical and lumbar spasm, tenderness to palpation, and decreased range of motion (ROM), decreased sensation of C7 and L5-S1 dermatomes and positive bilateral straight leg raise. Treatment to date has included X-rays, medication, heat and cold, magnetic resonance imaging (MRI) indicating slipped discs, bulging discs and pinched nerves, Transcutaneous Electrical Nerve Stimulation (TENS) unit, acupuncture and physical therapy. The original utilization review dated 10-19-2015 indicates the request for electromyogram bilateral upper extremity is certified and nerve conduction study bilateral upper extremity is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant sustained a work injury in March 2014 when she was transferring a patient from bed to chair and her back popped. The requesting provider saw her for an initial evaluation on 10/01/15. Treatments had included a muscle relaxer, hot, cold packs, and physical therapy for the lower back. Complaints included radiating neck and radiating low back pain. Her neck pain was traveling to the arms and hands and she had numbness and tingling in the hands and fingers. Physical examination findings included cervical paraspinal muscle tenderness with spasms. There was decreased C7 dermatomal sensation. Cervical range of motion was decreased. Upper extremity strength and reflexes were normal. There was no hand muscle atrophy. She was referred for physical therapy. Electrodiagnostic testing was requested. 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. The claimant has been referred for physical therapy and has not had prior treatments for her upper extremity symptoms. There is no documented neurological examination that would support the need for obtaining bilateral upper extremity EMG or NCS testing at this time. This request is not medically necessary.