

<b>Case Number:</b>	CM15-0222332		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	06/28/1993
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 62 year old male who sustained an industrial injury on 6-28-93. Medical records indicate that he injured worker has been treated for chronic neck fracture neck, discogenic pain post fusion; thoracic pain, lumbar pain with chronic radiculopathy; lumbar facet arthropathy, spondylosis, degenerative changes carpal tunnel syndrome; bilateral knee pain; bilateral knee internal derangement; bowel function disruption. He currently (7-31-15) complains of spine, left knee and left elbow pain. On physical exam there was tenderness to palpation of the left knee lateral joint line with trace effusion; tenderness to palpation of left lateral epicondyle with scattered ecchymosis bilateral upper extremities; severe cervical paraspinal and lumbar paraspinal spasm with active trigger points unchanged. He ambulates without assistive devices. Per the 7-8-15 progress note his pain level was 3 out of 10. Per the 5-28-15 note the injured worker had a prior electromyography-nerve conduction study (no date) showing C8 and T1 radiculopathy; MRI of the cervical spine showed foraminal stenosis at the level below the fusion and multilevel cervical facet arthropathy. Treatments to date include right and left L3, L4 medial branch blocks (7-13-15); cervical facet blocks (8-19-13, 12-9-13, 1-21-13, 10-1-12 with 70-80% improvement) physical therapy without benefit; medications: gabapentin, tramadol, Endocet, Robaxin, tizanidine, Xanax, Nexium, Lidocaine patch, oxycodone; status post cervical fusion C5-6 and C6-7; radiofrequency ablation (12-2013) with 60-70% improvement. The request for authorization dated 9-30-15 was for electromyography-nerve conduction study of bilateral upper extremities related to the cervical spine. On 10-21-15 Utilization Review non-certified the

request for electromyography-nerve conduction study of bilateral upper extremities related to 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 study (NCS) of the bilateral upper extremities related to cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter - EMG/NCS.

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

**Decision rationale:** This 62 year old male has complained of cervical spine pain, low back pain, wrist, elbow and knee pain since date of injury 6/28/1993. He has been treated with nerve blocks, physical therapy, radiofrequency ablation and medications. The current request is for Electromyogram (EMG)/Nerve conduction study (NCS) of the bilateral upper extremities related to cervical spine. The available medical records show a request for EMG of the bilateral upper extremities without any documented change in physical examination since the last EMG of the upper extremities was performed. There is also no documented provider rationale for the above requested testing. Per the MTUS guidelines cited above, EMG testing in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms or change in physical exam findings, is not indicated. On the basis of the available medical records and per the MTUS guidelines cited above, EMG of the bilateral upper extremities is not medically necessary.