

<b>Case Number:</b>	CM15-0035863		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	03/18/1998
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: Physical Medicine & Rehabilitation

### 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 61 year old male, who sustained an industrial injury on 3/18/1998. On 2/25/15, the injured worker submitted an application for IMR for review of EMG (electromyogram)/NCS (nerve conduction study) of bilateral upper extremities. The treating provider has reported the injured worker complained of low back pain. The diagnoses have included low back pain; knee pain; cervical pain; cervical facet syndrome. Treatment to date has included status post medial branch nerve block right C3, C4, C5 (no date); right knee surgery (no date); medications. On 1/28/15 Utilization Review non-certified EMG (electromyogram)/NCS (nerve conduction study) of bilateral upper extremities. The ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyogram)/NCS (nerve conduction study) of bilateral upper extremities:**

Overtaken

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 33, 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

**Decision rationale:** Based on the 10/6/14 progress report provided by the treating physician, this patient presents with neck pain, upper/mid back pain, bilateral upper extremity pain, bilateral wrist pain. The treater has asked for EMG (electromyogram)/NCS (nerve conduction study) of bilateral upper extremities on 10/16/14 "to assess his complaints of burning sensation in the hands, which is likely due to carpal tunnel syndrome." The request for authorization was not included in provided reports. The patient has not had any prior surgeries for the neck/upper extremities per review of reports dated 4/8/14 to 2/23/15. A cervical MRI dated 8/28/13 showed mild to moderate central canal stenosis at C3-C5 and C6-7 levels, and multilevel cervical spondylosis most severe at C4-5 and C5-6 per 1/20/15 report. The patient states that his neck pain radiates to the bilateral upper extremities, with numbness/tingling/weakness, pain rated 4-8/10 on VAS scale per 9/8/14 report. The patient has not had prior EMG/NCV of the bilateral upper extremities per review of reports. The patient's work status is permanent and stationery, and the patient is not working currently. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In reference to specialized studies of the neck, MTUS guidelines state that electromyography tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient has chronic neck pain radiating to the upper extremities with numbness and tingling. The treater is requesting electrodiagnostic studies. Given that there is no evidence of prior EMG/NCV studies, the request is reasonable for patient's ongoing symptoms. The request IS medically necessary.