

<b>Case Number:</b>	CM15-0038733		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	12/09/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Texas, 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:

This is a 65-year-old female patient, with a reported date of injury of 12/09/2009. The diagnoses include musculoligamentous sprain of the cervical spine with left upper extremity radiculitis, cervical disc bulges at C3-4, C4-5, C5-6, C6-7, and C7-T1, cervical disc osteophyte complex, and cervical disc protrusion. Per the progress report dated 02/04/2015 she had complaints of neck pain, numbness and tingling in the arms and hands and into the fingers, low back pain with radiation into the legs and hips and into the feet, and right knee pain. The physical examination revealed bilateral knee-tenderness medially and laterally, positive McMurray and crepitus. The objective findings of the upper extremities were not included in the report. The current medications list includes tramadol, lyrica, benadryl, omeprazole and tylenol. She has had recent cervical MRI on 12/4/2014 which revealed multilevel cervical spondylosis. Per the records provided she has had EMG/NCS upper extremity on 6/3/2013 with normal findings. She has had acupuncture and physical therapy for this injury. The treating physician requested an electromyography/nerve conduction velocity (EMG/NCV) of the bilateral upper extremities to rule out radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient EMG (electromyography)/ NCV (nerve conduction velocity) of the Bilateral Upper Extremities (BUE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM (2010 web edition): Neck chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** Request: Outpatient EMG (electromyography)/NCV (nerve conduction velocity) of the Bilateral Upper Extremities. Per the ACOEM guidelines "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The findings of a detailed neurological exam demonstrating neurological dysfunction are not specified in the records provided. Per the records provided she has had EMG/NCS upper extremity on 6/3/2013 with normal findings. She has had recent cervical MRI on 12/4/2014 which revealed multilevel cervical spondylosis. Reports of these diagnostic studies were not specified in the records provided. Significant changes in the patient's condition since these diagnostic studies that would require a repeat EMG/NCS is not specified in the records provided. In addition per the cited guidelines "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. The medical necessity of Outpatient EMG (electromyography)/NCV (nerve conduction velocity) of the Bilateral Upper Extremities is not fully established for this patient at this time.