

<b>Case Number:</b>	CM15-0041656		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	11/23/2004
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 56 year old female, who sustained an industrial injury on November 23, 2004. She has reported bilateral wrist pain, numbness and tingling of the hands, neck pain, and lower back pain. Diagnoses have included lumbar/lumbosacral spine degenerative disc disease, bilateral median and ulnar compression neuropathy, left carpal tunnel syndrome, and cervical spine radiculopathy. Treatment to date has included injections, medications, and physical therapy. A progress note dated January 30, 2015 indicates a chief complaint of bilateral wrist pain, numbness and tingling of the bilateral hands, and neck pain. The treating physician documented a plan of care that included injections, medications, bilateral wrist splints, cervical collar, and electrodiagnostic studies of the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral electrodiagnostic studies of the upper extremities:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- EMG/NCV.

**Decision rationale:** The request for diagnostic test EMG/NCV; bilateral upper extremities is not medically necessary. The ODG Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The Official Disability Guidelines further state that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, there are no neurologic abnormalities reported on physical exam and there is no documentation of the results of prior electrodiagnostic studies. There is no specific indication for the requested electrodiagnostic studies of the upper extremities. Medical necessity for the requested service is not established. The requested service is not medically necessary.