

<b>Case Number:</b>	CM15-0043346		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	07/23/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2015

### 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 38 year old male who sustained an industrial injury on July 23, 2014. He has reported neck and right shoulder pain and has been diagnosed with sprain of neck, sprain lumbar region, and lumbar/lumbar/sacral disc degeneration. Treatment has included modified work duty, medications, and physical therapy. Currently the injured worker had decreased range of motion of the cervical spine with marked spasms on the right upper trapezius. The treatment request included 1 electromyography and nerve conduction velocity studies of the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Electromyography and Nerve Conduction Velocity studies of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Neck & upper back, Nerve conduction studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Electrodiagnostic studies (EDS).

**Decision rationale:** The claimant is nearly one year status post work-related injury and continues to be treated for chronic neck pain. On the date of service, he was having neck pain without reported radicular symptoms and physical examination findings included decreased range of motion and muscle spasms. Needle electromyography (EMG) may be helpful as part of electrodiagnostic studies which include nerve conduction studies. In this case, there is no documented neurological examination or complaint that would support the need for obtaining bilateral upper extremity EMG testing at this time. Guidelines recommend that testing be medically necessary, which in this case it is not.