

<b>Case Number:</b>	CM15-0050475		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 45 year old female with an industrial injury dated 09/25/2012. Her diagnosis was rule out recurrent disc herniation and/or foraminal stenosis. Prior treatment included neck surgery and physical therapy, medications and diagnostics. She presented on 11/25/2014 with complaints of neck pain. Physical exam of the cervical spine revealed healing anterior surgical scar without infection. There was tenderness and spasms to palpation over right posterior paravertebral spinal muscles. The provider requested EMG and nerve conduction studies for evaluation of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

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

**Decision rationale:** Based on the 02/19/15 progress report provided by treating physician, the patient presents with neck pain and upper extremity numbness. The request is for EMG/NCV OF THE BILATERAL UPPER EXTREMITIES. Patient is status post 2 level anterior cervical discectomy and fusion, December 2014. RFA dated 02/19/15 was provided. Patient's diagnosis on 02/19/15 was status post cervical fusion with residual radiculitis. Treatment to date included surgery, physical therapy, medications and diagnostics. Patient's medications include Norco, Flexeril, Gabapentin, Naproxen, Xanax and Paxil. The patient is temporarily totally disabled, per treater report dated 02/11/15. 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." UR letter dated 02/23/15 states "there is no documentation the patient failed conservative measures of treatment." Treater is requesting electrodiagnostic studies for evaluation of radiculopathy. Given patient's continued post-operative cervical pain with radicular symptoms, the request appears reasonable and in accordance with guidelines. There is no evidence that prior electrodiagnostic study was done. Therefore, the request IS medically necessary.