

<b>Case Number:</b>	CM15-0051598		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	05/11/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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, Indiana, 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 53 year old female, who sustained an industrial injury on 05/11/2013. She reported neck and right upper extremity pain. The injured worker is currently diagnosed as having cervicalgia, cervical disc, degeneration, cervical radiculopathy, and possible internal derangement in right shoulder. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, epidural steroid injection, cervical MRI, and medications. In a progress note dated 02/20/2015, the injured worker presented with complaints of continued neck and right upper extremity pain. The treating physician reported the injured worker has failed conservative treatments and is requesting authorization for right upper extremity nerve conduction studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, Nerve Conduction Study.

**Decision rationale:** Pursuant to the Official Disability Guidelines, NCS of the right upper extremity is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are cervicalgia; cervical disc degeneration; cervical canal stenosis; and cervical radiculopathy. Documentation, pursuant to an October 14, 2014 progress note, shows the prior workup for the injured worker. The worker had x-rays of the cervical spine, MRI of the cervical spine and nerve conduction velocity studies on September 24, 2013. The study showed a right C7 radiculopathy. A February 20, 2015 progress note, subjectively, shows the injured worker had a cervical epidural steroid injection that relieve pain by 60% for approximately 2 days and then return back to baseline. The injured worker had an MRI of the shoulder and continues to have pain in the neck, shoulder and arm unchanged from the prior examination. Objectively, the neurologic evaluation was unremarkable, cervical spine examination showed minimal pain loading of the cervical facets. There is modest cervical muscle spasticity. The ACOEM state unequivocal findings and identify specific nerve compromise are sufficient to warrant imaging. The injured worker had a prior nerve conduction study and repeating the study offers no new information. Additionally, there were no new radicular neurologic findings on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Consequently, absent clinical documentation with no new neurologic findings in the presence of a nerve conduction velocity study performed September 24, 2013, NCS of the right upper extremity is not medically necessary.