

<b>Case Number:</b>	CM15-0052338		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 Jersey

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:

The injured worker is a 62 year old male who sustained an industrial injury on 08/22/2013. Current diagnosis includes rule out radiculopathy. Previous treatments included medication management, and surgery. Diagnostic studies included MRI of the neck, right shoulder, right elbow, and lower back, and x-rays. Initial complaints included pain in the neck and right shoulder. Report dated 01/26/2015 noted that the injured worker presented with complaints that included neck, right shoulder, left shoulder, right elbow, right hand/wrist, and lower back. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included EMG (electromyography)/NCS (nerve conduction study) of the bilateral upper and lower extremities in order to accurately treat the injured worker. Disputed treatments include EMG (electromyography)/NCS (nerve conduction study) of the bilateral upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography)/NCS (nerve conduction study) of the bilateral upper and lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 303-305.

**Decision rationale:** The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 week period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. The MTUS ACOEM Guidelines also state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, he reported no numbness or tingling of his arms/hands and tingling in his feet which he attributes to his diabetes only. Physical examination also did not show any signs of cervical or lumbar radiculopathy to warrant any nerve testing as requested. Therefore, the EMG/NCS of the bilateral upper and lower extremities cannot be justified based on the documentation provided for review, and will be considered medically unnecessary.