

<b>Case Number:</b>	CM15-0052470		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/09/2015
<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: Arizona, California  
 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 32 year old female, who sustained an industrial injury on 8/4/14. The injured worker has complaints of constant neck and upper and lower back pain. The diagnoses have included cervical/lumbar discopathy and cervicgia. Treatment to date has included X-rays; physical therapy; electrical stimulation; trigger point injection to the left shoulder and medications. The request was for electromyogram/nerve conduction study right upper extremity and nerve conduction study left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the guidelines, an EMG not recommended for diagnosis of nerve root involvement if history, exam and imaging are consistent. It is recommended for clarifying nerve root dysfunction. In this case, the claimant had adyesthesias in C6-C7 dermatome with Spurling's on the left side. An MRI of the cervical spine was requested. Since the exam was not corroborates with imaging at this point the request for an EMG of the right arm would not change management and is therefore not medically necessary.

**NCV right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the guidelines, an NCV is not recommended for diagnosis of nerve root involvement if history, exam and imaging are consistent. It is recommended for clarifying nerve root dysfunction. In this case, the claimant had adyesthesias in C6-C7 dermatome with Spurling's on the left side. An MRI of the cervical spine was requested. Since the exam was not corroborates with imaging at this point the request for an NCV of the right arm would not change management and is therefore not medically necessary.

**NCV left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the guidelines, an NCV is not recommended for diagnosis of nerve root involvement if history, exam and imaging are consistent. It is recommended for clarifying nerve root dysfunction. In this case, the claimant had adyesthesias in C6-C7 dermatome with Spurling's on the left side. An MRI of the cervical spine was requested. Since the exam was not corroborates with imaging at this point the request for an NCV of the left arm would not change management and is therefore not medically necessary.