

<b>Case Number:</b>	CM15-0053302		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Emergency 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 34-year-old male, who sustained an industrial injury on 11/14/2011. He reported hitting his head with loss of consciousness and resulting in neck and head pain. Diagnoses include cervical facet syndrome and post-concussion syndrome. Treatments to date include medication therapy, physical therapy, cervical epidural steroid injection, trigger point injection and occipital blocks that were documented to provide no relief in symptoms. Currently, they complained chronic progressive pain in the neck and head with radiation to bilateral upper extremities. Pain was rated 7/10 VAS. On 2/24/15, the physical examination documented cervical tenderness and decreased range of motion, there was positive cervical facet loading. The plan of care included cervical median branch blocks and electromyography/nerve conduction study to bilateral upper extremities in addition to continued medication therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The requested EMG/NCV Bilateral Upper Extremities is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page -Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has chronic progressive pain in the neck and head with radiation to bilateral upper extremities. Pain was rated 7/10 VAS. On 2/24/15, the physical examination documented cervical tenderness and decreased range of motion, there was positive cervical facet loading. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The criteria noted above not having been met, EMG/NCV Bilateral Upper Extremities is not medically necessary.