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| <b>Case Number:</b>   | CM15-0057653 |                              |            |
| <b>Date Assigned:</b> | 04/02/2015   | <b>Date of Injury:</b>       | 09/16/2005 |
| <b>Decision Date:</b> | 06/03/2015   | <b>UR Denial Date:</b>       | 03/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/26/2015 |

### 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: Texas, 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 57-year-old female, who sustained an industrial injury on September 16, 2005. The injured worker has been treated for neck, back and bilateral shoulder complaints. The diagnoses have included cervical spine sprain, left shoulder sprain/strain, low back pain, chronic post-operative pain of the right shoulder, left shoulder sprain, lumbosacral sprain, sleep disturbance and depression. Treatment to date has included medications, radiological studies, depression screening, acupuncture treatments, a transcutaneous electrical nerve stimulation unit, psychological evaluation, home exercise program and right shoulder surgery in 2006. Current documentation dated March 11, 2015 notes that the injured worker reported neck pain, which radiated to the shoulders bilaterally. The patient has had grip weakness in both hands the injured worker also noted depression and difficulty sleeping. Physical examination of the cervical spine revealed tenderness, spasms and a decreased range of motion and positive percussion at T1-3. Examination of the bilateral shoulders revealed tenderness, a positive impingement sign and a negative drop arm test. The treating physician's plan of care included a request for an electromyography and nerve conduction study of the bilateral upper extremities. The patient sustained the injury when she was struck by a light fixture while standing up. The medication list include Naproxen, ibuprofen, Cyclobenzaprine and Omeprazole. Patient has received an unspecified number of chiropractic, aquatic and psychotherapy visits for this injury. The patient has used a TENS unit. The patient sustained the injury due to cumulative trauma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Request: EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral upper extremities. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The diagnoses have included cervical spine sprain, left shoulder sprain/strain, low back pain, chronic post-operative pain of the right shoulder, left shoulder sprain, lumbosacral sprain, sleep disturbance and depression. Current documentation dated March 11, 2015 notes that the injured worker reported neck pain, which radiated to the shoulders bilaterally. The patient has had grip weakness in both hands. The injured worker also noted depression and difficulty sleeping. Physical examination of the cervical spine revealed tenderness, spasms and a decreased range of motion and positive percussion at T1-3. Patient has received an unspecified number of chiropractic, aquatic and psychotherapy visits for this injury. The pt could have peripheral neuropathy or cervical radiculopathy. It is necessary to do electrodiagnostic studies to find out the exact cause of the symptoms in the upper extremities. Electrodiagnostic studies would help to clarify the exact cause of the neurological symptoms and also would help to identify the level at which nerve root impingement may be occurring. This information would guide further management. The request for EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral upper extremities is medically appropriate and necessary for this patient at this time.