

<b>Case Number:</b>	CM15-0060565		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/18/2009
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 57-year-old female, who sustained an industrial injury on 09/18/2009. She has reported subsequent right leg pain and was diagnosed with chronic pain syndrome, unspecified sympathetic dystrophy and pain in joint at other specified sites. Treatment to date has included oral pain medication and a home exercise program. In a progress note dated 03/09/2015, the injured worker complained of right leg pain. Objective findings were notable for an antalgic gait, muscle spasm in the left shoulder muscles, mild swelling at the right ankle and hypersensitivity to touch and allodynia over the bilateral distal lower extremities. The physician noted that an EMG/NCV of the left arm was made to evaluate new left arm paresthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV left arm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 261.

**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, EMG/NCV.

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG/NCV of the left upper extremity is not medically necessary. The ACOEM states (chapter 8, page 178) unequivocal finding that identifies 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 electro diagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are chronic pain syndrome; unspecified reflex sympathetic dystrophy; pain joint other specified sites. According to a progress note dated March 9, 2015, the injured worker complains of paresthesias involving the left upper extremity. The injured worker sustained a fractured tibia in 2009. The injured worker uses crutches to help with ambulation. The documentation indicates there is some left axillary irritation from crutches. Objectively, there is no motor weakness and no sensory abnormality. The treating physician requested and had authorized a walker (to eliminate the use of crutches). If paresthesias continued in the absence of crutch use, and EMG/NCV would then be considered appropriate. The walker was just authorized. Consequently, absent clinical documentation with unequivocal findings identifying specific nerve compromise with no objective clinical findings with documentation that indicates if symptoms persist after use of a walker, then EMG/NCV is appropriate, EMG/NCV of the left upper extremity is not medically necessary.