

<b>Case Number:</b>	CM15-0077854		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 male, who sustained an industrial injury on 8-18-14. Initial complaints were not reviewed. The injured worker was diagnosed as having status post blunt head injury without loss of consciousness; cervical spine musculoligamentous strain-sprain with radiculitis; cervical spine discogenic disease; thoracic spine musculoligamentous strain-sprain with radiculitis; lumbosacral spine musculoligamentous strain-sprain with radiculitis; lumbosacral discogenic disease; left shoulder tendinitis; status post left shoulder contusion; depression. Treatment to date has included Functional Capacity Evaluation (10-13-14); acupuncture; chiropractic therapy; physical therapy; medications. Diagnostics studies included MRI lumbar spine with Ext-Flex (1-7-15); MRI cervical spine Ext-Flex (1-7-15). Currently, the PR-2 notes dated 12-11-14 indicated the injured worker complains of headaches as well as pain in the neck, mid-upper back and lower back and left shoulder-arm. The headaches are rated in intensity at 6 over 10 which have increased from 4 over 10. The neck and back pain is rated at 5 over 10 and left shoulder-arm is 7 over 10. Objective findings are documented by the provider as cervical with grade 2 tenderness to palpation over the paraspinal muscles which remained the same since the last visit with 2 palpable spasms. There is restricted range of motion and the cervical compression test is positive. The thoracic and lumbar spine notes a grade 2 tenderness to palpation over the paraspinal muscles which remained the same since the last visit with 2 palpable spasms and restricted range of motion. The left shoulder notes grade 2 tenderness to palpation which has decreased from grade 3 on the last visit. There is restricted range of motion with impingement, supraspinatus and Codman's drop test are positive bilaterally. The left arm

notes grade 2 tenderness to palpation which is decreased from grade 3 on the last visit. The injured worker complains of numbness and tingling with clicking at the base of the left thumb and reports physical therapy has not helped. He notes difficulty sleeping with only 2 hours of sleep nightly. A MRI of the cervical spine and lumbar spine were completed on 1-17-15 and submitted. The provider is requesting authorization of EMG/NCV study of the bilateral upper extremities.

### **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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter and pg 38.

**Decision rationale:** According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation pre-operatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is 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-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the claimant had multi-level disc protrusions and right foraminal stenosis of C4/C5 on MRI of the cervical spine and a positive cervical compression test. Since the history and exam are consistent, the request for an EMG/NCV is not medically necessary.