

<b>Case Number:</b>	CM15-0083522		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/17/2003
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61 year old male, who sustained an industrial injury on 10/17/2003. Diagnoses have included multi-level foraminal cervical stenosis, cervical radiculopathy, cervical spondylosis, carpal tunnel syndrome and cervical degenerative disc disease. Treatment to date has included epidural steroid injection, magnetic resonance imaging (MRI) and medication. According to the progress report dated 4/2/2015, the injured worker complained of neck pain. It was noted that the injured worker would be having a surgical consult, but needed bilateral upper extremity electromyography (EMG) before the referral could be completed. He complained of headaches almost every day and being unable to pick up a bottle of hydrogen peroxide. He reported that Norco improved his pain by 60-70%. He rated his average pain as 7/10 going to 8/10. Physical exam revealed an antalgic gait and a forward-flexed posture. The injured worker had difficulty with heel-toe and tandem walking. Cervical range of motion was limited due to pain. A 3/18/15 cervical MRI revealed no significant changes from prior imaging studies. Electrodiagnostic testing from 7/8/2014 showed severe left median neuropathy at the wrist and moderate to severe right median neuropathy at the wrist, both consistent with carpal tunnel syndrome. There was no electrodiagnostic evidence of a cervical radiculopathy. The injured worker was given a Toradol injection. Authorization was requested for electro-myography (EMG)/nerve conduction study (NCS) 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:

## **1 EMG/NCS of the Bilateral Upper Extremities: 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 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** 1 EMG/NCS of the Bilateral Upper Extremities is not medically necessary per the MTUS Guidelines. The MTUS states that appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. The documentation indicates that the patient already had electrodiagnostic testing in July 2014. His cervical MRI revealed no significant changes from prior imaging studies. There are no new physical exam findings that would necessitate updated electrodiagnostic testing. The patient has trouble picking up a bottle of hydrogen peroxide, however he had significant finding of median neuropathy at the carpal tunnel per prior electrodiagnostic testing which could cause these findings. The request for EMG/NCS of the bilateral upper extremities is not medically necessary.