

<b>Case Number:</b>	CM15-0086849		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 32 year old male, who sustained an industrial injury on 08/28/2013. He reported immediate sharp pain in his neck, right shoulder and lower back radiating down his left leg. Treatment to date has included x-rays, medication, MRI, surgery and postoperative physical therapy. According to a progress report dated 02/11/2015, the injured worker complained of right shoulder pain, neck pain that radiated down to his right upper extremity with occasional numbness in his right hand and lower back pain. He had difficulty performing self-care activities such as brushing hair, brushing teeth and putting on clothes due to ongoing right shoulder pain. Medication regimen included Norco, Robaxin and Anaprox. Deep tendon reflexes in the bicep, triceps and brachioradialis were 2/4 bilaterally. Upper extremity motor testing of the shoulder abductors, elbow flexor, elbow extensors, wrist flexors and wrist extensors was 5/5 on the left and 4/5 on the right. Sensory exam with Wartenberg pinprick wheel was decreased along the right lateral arm and forearm in the approximate C5-6 distribution in comparison to the left. Shoulder range of motion was decreased in the left with internal and external rotation and decreased in the right with flexion, abduction, internal rotation and external rotation. Assessment included right shoulder internal derangement, cervical myoligamentous injury, lumbar myoligamentous injury and medication induced gastritis. Treatment plan included a right shoulder steroid injection, trigger point injections, further surgical intervention to the right shoulder, cervical pillow, and electrodiagnostic studies. The provider noted ongoing pain with radicular symptoms in the right upper extremity. Currently under review is the request for Nerve Conduction Velocity studies 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:

**Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

**Decision rationale:** This claimant was injured two years ago. There are pain descriptions, and subjective numbness. Deep tendon reflexes were all equal. There were some sensory decrements on the right. An NCV might be supported, but not the combination. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there are sensory but not motor findings. An NCV alone might be reasonable, but not combined with an EMG. The request was appropriately not medically necessary.