

<b>Case Number:</b>	CM15-0089380		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	03/13/2011
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Connecticut, California, Virginia  
 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 68-year-old male who sustained an industrial injury on March 13, 2011. Previous treatment includes anterior cervical interbody fusion, anterior cervical discectomy with fusion and plating, carpal tunnel surgery, cervical posterior fusion, imaging of the cervical spine and medications. Currently the injured worker complains of neck pain. An evaluation on April 7, 2015 noted problems related to cervical spine instability, cervical spondylosis with myelopathy and brachial neuritis. Physical examination was not recorded. Diagnoses associated with the request include cervical spondylosis with myelopathy and cervical spine instability. The treatment plan includes EMG/NCV of the left and right arms to evaluate for evidence of radiculitis and flexion/extension x-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS right arm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-78.

**Decision rationale:** Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is no evidence of neurologic physical exam abnormalities provided in the documents, and therefore there is incomplete information to indicate neurologic dysfunction that is evidential of need for electrodiagnostics. Therefore, per the guidelines, the request for EMG/NCV is not considered medically necessary.

**EMG/NCS left arm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-78.

**Decision rationale:** Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is no evidence of neurologic physical exam abnormalities provided in the documents, and therefore there is incomplete information to indicate neurologic dysfunction that is evidential of need for electrodiagnostics. Therefore, per the guidelines, the request for EMG/NCV is not considered medically necessary.