

<b>Case Number:</b>	CM14-0115460		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/19/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 was a 69-year-old male who reported injuries when a 1200 pound bale of paper fell on him on 01/19/2010. On 04/23/2014, his diagnoses included acquired spondylolisthesis, spondylosis with lumbar myelopathy, disorders of the sacrum, arthralgia of the sacroiliac joint, cervical spondylosis, and cervical radiculitis. On 06/04/2014, his complaints included severe right buttock and low back pain. He also complained of left forearm and trapezius pain associated with numbness and tingling in his left fingers. Inspection and palpation of the cervical spine and lumbar spine were both within normal limits. The sensory testing for pain including pinprick, light touch, position and vibration of the upper arm was intact. The ranges of motion in both the cervical and lumbar spine were within normal limits. The care plan included pending EMG to cervical and lumbar spine to include upper and lower extremities. No rationale was included with the documentation. The note regarding the EMG/NCV to the neck and upper extremities stated that partial certification for only the left upper extremity was obtained. There were no symptoms in the right upper extremity but it would not be unreasonable to obtain EMG/NCV of the cervical spine and bilateral upper extremities due to a history of cervical fusion in 2011. A request for authorization dated 05/02/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the Cervical Spine and Upper Extremities:** Upheld

**Claims Administrator 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 - Treatment for Workers' Compensation, Neck & Upper Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** The ACOEM Guidelines state that electromyography is not recommended for diagnosis of nerve root involvement when findings of history, physical exam, and imaging study are consistent. EMG is recommended to clarify nerve root dysfunction in cases of suspected disc herniation, preoperatively or before epidural injection. The submitted clinical data notes that this worker had symptomatology only in the upper right extremity. The clinical information submitted failed to meet the evidence based guidelines for EMG of the bilateral upper extremities. Therefore, this request for electromyography of the cervical spine and upper extremities is not medically necessary.

**Nerve Conduction Velocity Test (NCV) of the Cervical Spine and Upper Extremities:**  
Upheld

**Claims Administrator 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 - Treatment for Workers' Compensation, Neck & Upper Back Procedure Summary

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

**Decision rationale:** The ACOEM Guidelines suggest that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. The examination of the cervical spine was within normal limits. Sensory testing for both the upper and lower arms was all within normal limits and intact. There is no symptomatology noted on the right upper extremity. The need for a bilateral nerve conduction velocity test was not clearly demonstrated in the submitted documentation. Therefore, this request is not medically necessary.