

<b>Case Number:</b>	CM14-0118759		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/25/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### **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 Medicine and is licensed to practice in California. 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:

This is a 56-year-old female patient who reported an industrial injury on 1/25/2008, over six (6) years ago, attributed to the performance of her usual and customary job tasks. The patient was reported to have fallen backwards off a truck with subsequent neck, shoulder, and back muscular pain. The initial diagnoses included sprain to the neck, sprain to the shoulder, and thoracic sprain/strain. It was noted the initial neurological examination was intact. The patient was treated with physical therapy; chiropractic care/CMT medications; and activity modifications. The EMG/NCS of the right upper extremity demonstrated chronic right C5, C6, C7 root lesions indicative of the degenerative process and evidence of mild right median neuropathy at the wrist. The EMG/NCS of the right upper extremity was normal. The MRI of the cervical spine documented evidence of degenerative changes with osteophytic change at C5-C6 with moderate to severe bilateral foraminal narrowing and severe narrowing at the foramina at C6-C7. A CT scan of the cervical spine documented degenerative changes at C5-C6 with large osteophytes, loss of lordosis, facet hypertrophy, degenerative changes at C6-C7, and anteriorolisthesis mild of C-4 on C5. The patient continued to complain of neck and low back pain and on 6/18/2014 was documented to have objective findings of cervical and lumbar paraspinal muscle tenderness with diffuse weakness secondary to pain. There was no neurological assessment documented. There was no documented change in clinical status. The treatment plan included a repeated EMG/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:

**Electromyography (EMG) bilateral upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261,303,301,298,48,178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--electromyography; Carpal Tunnel Syndrome--EDS

**Decision rationale:** The request for the authorization of the repeated EMG/NCS of the bilateral upper extremities is not supported with sufficient objective clinical findings that would contribute to the future treatment plan of the patient and is not supported by any changes in objective findings documented on examination. There are no documented progressive neurological deficits to support the medical necessity of Electrodiagnostic studies. The evaluation to rule out a peripheral nerve entrapment or cervical radiculopathy is not supported with the documented objective findings documented on examination. There is no demonstrated medical necessity for the requested electrodiagnostic studies without the failure of conservative treatment. There are no objective or subjective findings documented that require immediate electrodiagnostic studies as no surgical intervention is contemplated and the patient has not failed injections and HEP. The Electrodiagnostic studies were ordered as repeated Electrodiagnostic studies to the bilateral upper extremities without any documented change in clinical status. There are no documented changes in the neurological status of the patient that would require Electrodiagnostic studies. The clinical narrative documented that the electrodiagnostic studies were ordered as screening studies. There is no demonstrated medical necessity for the requested EMG/NCS screening examination.

The provider has documented no objective findings on examination to be further evaluated with electrodiagnostic studies prior to the provision of conservative treatment. There are subjective findings; however, there are no significant neurological deficits documented that require electrodiagnostic studies. The electrodiagnostic test is ordered as a screening test. There is no contemplated surgical intervention for a cervical radiculopathy or peripheral nerve entrapment neuropathy.

There is no demonstrated impending surgical intervention being contemplated and the patient has not completed ongoing conservative care. There is no objective evidence that the patient has median or ulnar entrapment neuropathy that would qualify for surgical intervention. The EMG/NCS is for diagnostic purposes for cervical radiculopathy or peripheral nerve compression neuropathy, which are not documented by objective findings. The EMG/NCS would be helpful to assess the medical necessity of a peripheral nerve decompression; however, the patient has not been demonstrated to have failed conservative treatment.

There is no medical necessity for the requested electrodiagnostic studies for the evaluation of the patient at this time prior to the provision of conservative treatment. The current clinical objective findings did not demonstrate a significant change in the clinical status of the patient as to nerve entrapment neuropathies and there was not rationale for the requested Electrodiagnostic study other than to "rule out" a nerve compression neuropathy or a nerve root impingement neuropathy with a screening study. There were no documented clinical changes or objective findings to support the medical necessity of an EMG/NCS/NCS study.

The EMG/NCS would only be necessary to evaluate for the medical necessity of surgical intervention for moderate to severe symptoms with objective findings documented on examination. The criteria recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the use of electrodiagnostic studies for the BUEs were not documented by the requesting provider. There was no demonstrated objective evidence, such as, a neurological deficit or change in status is that supports the authorization of EMG/NCS studies. There is no demonstrated medical necessity to evaluate for a bilateral upper extremity radiculopathies or peripheral neuropathies based on the objective findings documented.