

<b>Case Number:</b>	CM14-0123585		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	10/04/2002
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 49 year old male with date of injury of 10/4/2002. A review of the medical records indicate that the patient is undergoing treatment for injuries to his cervical and lumbar spine and his right shoulder and left hand. Subjective complaints include pain in his neck and left arm and hand rated at about 7/10 with difficulty in grabbing objects with his left hand; pain does not subside with oral medications. Objective findings include reduced range of motion in the cervical spine; decreased sensation in the left hand, and grip strength of 4/5, with 5/5 in the right hand. Treatment has included epidural steroid injection of the cervical spine, Naproxyn, Topomax, Norco, and Topirimate. The utilization review dated 7/31/2014 non-certified and EMG and NCV study of the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyelogram (EMG) OF THE LEFT UPPER EXTREMITY.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309 AND TABLE 12-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation ODG) Pain, Electrodiagnostic testing (EMG/NCS

**Decision rationale:** ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". The treating physician notes that the patient has had a previous EMG but does not document the results and the medical reason a new EMG is needed. As such the request for EMG left upper extremity is not medically necessary.

**Nerve conduction study (NCV) of the left upper extremity.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309 and Table 12-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation ODG) Pain, Electrodiagnostic testing (EMG/NCS

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