

<b>Case Number:</b>	CM14-0131706		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/12/2007
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Internal Medicine, has a subspecialty in Nephrology, 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 47-year-old with a June 12, 2007 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated June 16, 2014 noted subjective complaints of neck pain. Objective findings included right sided cervical paraspinal tenderness. There are no motor or sensory abnormalities documented. Diagnostic Impression: cervical spondylosis Treatment to Date: medication management, physical therapy. A UR decision dated August 8, 2014 denied the request for EMG left upper extremity. It also denied EMG right upper extremity. The medical file does not document neurologic symptoms or findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyogram) study of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (updated 08/04/14), Electromyogram (EMG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter

**Decision rationale:** The Elbow Disorders Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines criteria for EMG/NCV (nerve conduction velocity) exams of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there were neither subjective nor objective documented findings suggestive of cervical radiculopathy. There was no detailed neurological exam documented of the neck and upper extremities. Therefore, the request for EMG (electromyogram) study of the right upper extremity is not medically necessary or appropriate.

**EMG (Electromyogram) study of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (updated 08/04/14), Electromyogram (EMG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter

**Decision rationale:** The Elbow Disorders Chapter of the ACOEM Practice Guidelines criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there were neither subjective nor objective documented findings suggestive of cervical radiculopathy. There was no detailed neurological exam documented of the neck and upper extremities. Therefore, the request for EMG (electromyogram) study of the left upper extremity was not medically necessary.