

<b>Case Number:</b>	CM14-0144966		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 ABFP 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:

59-year-old female claimant sustained a work injury on 12/20/12 involving the right upper extremity and neck. She was diagnosed with cervical pain and peripheral involvement with possible radiculopathy. She had a normal electrodiagnostic testing in 2013. A progress note on 8/14/14 indicated the claimant had pain in the right lateral neck and right upper extremity. Exam findings were notable for tenderness in the right hand and swelling in the right hand. There was asymmetric grip strength in the left vs. right upper extremity. A request was made for a cervical MRI as well as electrodiagnostic testing due to exam findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to the ACOEM guidelines, an EMG is not recommended for a diagnosis of nerve root involvement, if findings of history, physical exam, and imaging are consistent. It is recommended for suspected disk herniation, preoperatively. In this case, there

was no plan for surgery. Exam and complaints are not suggestive of nerve root involvement on the left side. An EMG was done a year prior and was normal. The request for another EMG of the left arm is not medically necessary.

**Nerve conduction velocity (NCV) tests of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck pain

**Decision rationale:** According to the guidelines, an NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs; but it is recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, prior electrodiagnostic studies were performed 1 year ago. There was no indication that the symptoms are different than they were then. In addition, it is noted that the claimant's symptoms were exaggerated. The symptoms were additionally noted on the right side. The request for another NCV of the left arm is not medically necessary.