

<b>Case Number:</b>	CM14-0160337		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck and mid back pain reportedly associated with an industrial injury of April 4, 2014. In a Utilization Review Report dated September 18, 2014, the claims administrator denied a request for Electromyography/Nerve Conduction Velocity (EMG/NCV) testing of the cervical and thoracic spine. The applicant's attorney subsequently appealed. In a July 8, 2014 functional capacity evaluation, the functional capacity evaluator concluded that the applicant could not return to work. In a July 11, 2014 progress note, the applicant reported multifocal neck, shoulder, back, knee, and leg pain. 7/10 neck, left shoulder, and right shoulder pain were noted, along with ongoing complaints of low back and bilateral knee. The applicant did report complaints of numbness, tingling, paresthesias, and weakness about the hands and fingers. MRI imaging of the lumbar spine was sought along with electrodiagnostic testing of the upper extremities to evaluate for hand weakness. Multiple topical compounds were endorsed along with physical therapy, pain management consultation, and MRI imaging of the head and brain. MRI imaging of the thoracic spine was performed on June 21, 2014 and was notable for low-grade degenerative changes and multilevel disk bulges of uncertain clinical significance. In an August 14, 2014 progress note, the applicant was placed off of work, on total temporary disability for an additional 45 days. Pain management consultation was sought, along with multiple topical compounds, tramadol, magnetic resonance imaging (MRI) imaging of the thoracic and lumbar spines, and electrodiagnostic testing 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/Nerve Conduction Velocity (EMG/NCV) Cervical/Thoracic Spine:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend Electromyography (EMG) testing to clarify diagnosis of nerve root dysfunction in case of suspected disk herniation preoperatively before planned epidural steroid injection therapy, in this case, however, it was not clearly stated what was suspected. It was not clearly stated what was sought. It was not clearly stated what role the EMG-NCV testing would serve in influencing or altering the treatment plan. Rather, it appeared that the attending provider was intent on performing just another testing for evaluation purposes, with no clearly stated intention of acting on the results of the same. Therefore, the request for Electromyography/Nerve Conduction Velocity (EMG/NCV) Cervical/Thoracic Spine is not medically necessary.