

<b>Case Number:</b>	CM14-0086135		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 64 year old male who reported a date of injury of 02/12/2013. The mechanism of injury reportedly occurred when a piece of wood fell and landed on the injured worker. Diagnoses included cervical radiculopathy, shoulder and interscapular pain. Diagnostic studies included electromyogram/nerve conduction studies on 06/13/2013 with an unofficial report indicating there was normal nerve conduction, an MRI of the cervical spine which was performed on 06/26/2013 with an unofficial report which indicated grade 1 anterolisthesis of C7 on T1, at C3-C4, there was a 3mm mid-line and left paracentral disc protrusion resulting in mild central canal narrowing, at C4-C5 and C5-C6, there were 2mm mid-line disc protrusions with a mild degree of central canal stenosis, and multiple end-plate degenerative changes were noted. Prior treatments included medications, pool therapy and home exercise program. The agreed medical evaluation dated 06/23/2014 noted the injured worker had complaints of neck pain going into the left and right arm with numbness, numbness and tingling to his left hand. The physician indicated on 02/22/2013 had findings of positive Tinels and Phalen's tests, sensations to pinprick and light touch in the left upper extremity was decreased, grade 4/5 muscle weakness in the left shoulder and decreased left minor grip strength. The physician indicated the injured worker was assessed on 03/06/2014 and had diffuse palpable tenderness in the paraspinal, trapezius and medial scapular regions bilaterally, decreased range of motion and decreased motor strength of the right upper extremity in the cervical spine. The injured worker had been using Ultram. The treatment plan was for possible cervical injections and/or decompressive surgeries and the use of anti-inflammatory and oral analgesic medications. The rationale was not provided in the medical documents received. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179 & 181-183.

**Decision rationale:** The request for Electromyogram (EMG) of the right upper extremity is not medically necessary. The injured worker had complaints of neck pain going into the left and right arm with numbness, and tingling to his left hand. The supplemental report indicate on 02/22/2013 the injured worker had decreased motor strength of the right upper extremity in the cervical spine. The injured worker had positive Tinel's and Phalen's tests, sensation to pinprick and light touch in the left upper extremity was decreased, and the injured worker had 4/5 muscle weakness in the left shoulder and decreased left minor grip strength. The California MTUS/ACOEM guidelines indicate when neurologic examination is not clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The guidelines recommend EMG to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. The injured worker had a prior EMG/NCV on 06/13/2013 with normal findings. The injured worker's MRI dated 06/26/2013 had unofficial findings of a 3mm left disc protrusion at C3-C4, a 2mm disc protrusion at C4-C5 and C5-C6 and anterolisthesis at C7. The requesting physician did not provide official reports for the diagnostic testing. On 02/22/2013 the injured worker had diminished sensation in the left upper extremity; however, there is a lack of documentation indicating the injured worker has findings indicative of neurologic deficit to the right upper extremity upon physical examination. The requesting physician did not include a recent, adequate, and complete assessment of the injured worker's condition which demonstrated significant neurologic deficits upon physical examination. As such, the request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179 & 181-183.

**Decision rationale:** The request for Electromyogram (EMG) of the left upper extremity is not medically necessary. The injured worker had complaints of neck pain going into the left and right arm with numbness, and tingling to his left hand. The supplemental report indicate on 02/22/2013 the injured worker had decreased motor strength of the right upper extremity in the

cervical spine. The injured worker had positive Tinel's and Phalen's tests, sensation to pinprick and light touch in the left upper extremity was decreased, and the injured worker had 4/5 muscle weakness in the left shoulder and decreased left minor grip strength. The California MTUS/ACOEM guidelines indicate when neurologic examination is not clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The guidelines recommend EMG to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. The injured worker had a prior EMG/NCV on 06/13/2013 with normal findings. The injured worker's MRI dated 06/26/2013 had unofficial findings of a 3mm left disc protrusion at C3-C4, a 2mm disc protrusion at C4-C5 and C5-C6 and anterolisthesis at C7. The requesting physician did not provide official reports for the diagnostic testing. On 02/22/2013 the injured worker had diminished sensation in the left upper extremity. The requesting physician did not include a recent, adequate, and complete assessment of the injured worker's condition which demonstrated significant neurologic deficits upon physical examination. As such, the request is not medically necessary.

**Nerve Conduction Study (NCS) of the right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & upper back, Nerve conduction studies (NCS).

**Decision rationale:** The request for a Nerve Conduction Study (NCS) of the right upper extremity is not medically necessary. The injured worker had complaints of neck pain going into the left and right arm with numbness, and tingling to his left hand. The supplemental report indicate on 02/22/2013 the injured worker had decreased motor strength of the right upper extremity in the cervical spine. The injured worker had positive Tinel's and Phalen's tests, sensation to pinprick and light touch in the left upper extremity was decreased, and the injured worker had 4/5 muscle weakness in the left shoulder and decreased left minor grip strength. The California MTUS/ACOEM guidelines indicate when neurologic examination is not clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The Official Disability Guidelines further state NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but 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. The injured worker had a prior EMG/NCV on 06/13/2013 with normal findings. The injured worker's MRI dated 06/26/2013 had unofficial findings of a 3mm left disc protrusion at C3-C4, a 2mm disc protrusion at C4-C5 and C5-C6 and anterolisthesis at C7. The requesting physician did not

provide official reports for the diagnostic testing. On 02/22/2013 the injured worker had diminished sensation in the left upper extremity; however, there is a lack of documentation indicating the injured worker has findings indicative of neurologic deficit to the right upper extremity upon physical examination. There is no indication that the injured worker has any other neuropathies upon physical examination. The requesting physician did not include a recent, adequate, and complete assessment of the injured worker's condition which demonstrated significant neurologic deficits upon physical examination. As such, the request for a Nerve Conduction Study (NCS) of the right upper extremity is not medically necessary.

**Nerve Conduction Study (NCS) of the right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & upper back, Nerve conduction studies (NCS).

**Decision rationale:** The request for a Nerve Conduction Study (NCS) of the right upper extremity is not medically necessary. The injured worker had complaints of neck pain going into the left and right arm with numbness, and tingling to his left hand. The supplemental report indicate on 02/22/2013 the injured worker had decreased motor strength of the right upper extremity in the cervical spine. The injured worker had positive Tinel's and Phalen's tests, sensation to pinprick and light touch in the left upper extremity was decreased, and the injured worker had 4/5 muscle weakness in the left shoulder and decreased left minor grip strength. The California MTUS/ACOEM guidelines indicate when neurologic examination is not clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The Official Disability Guidelines further state NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but 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. The injured worker had a prior EMG/NCV on 06/13/2013 with normal findings. The injured worker's MRI dated 06/26/2013 had unofficial findings of a 3mm left disc protrusion at C3-C4, a 2mm disc protrusion at C4-C5 and C5-C6 and anterolisthesis at C7. The requesting physician did not provide official reports for the diagnostic testing. On 02/22/2013 the injured worker had diminished sensation in the left upper extremity; however, there is a lack of documentation indicating the injured worker has findings indicative of neurologic deficit to the right upper extremity upon physical examination. There is no indication that the injured worker has any other neuropathies upon physical examination. The requesting physician did not include a recent, adequate, and complete assessment of the injured worker's condition which demonstrated significant neurologic deficits upon physical examination. As such, the request for a Nerve Conduction Study (NCS) of the right upper extremity is not medically necessary.