

<b>Case Number:</b>	CM14-0153582		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/12/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on 12/12/03. The injured worker has complaints of constant neck, upper and lower back pain. The assessment have included chronic myofascial pain syndrome, cervical and thoracolumbar spine; mild to moderate right L5 and mild left L5 radiculopathy and SAIDS-induced gastritis. Treatment to date has included medications; trigger point injections; home muscle stretching exercises; aquatic therapy exercise and deep breathing type mediations as a relaxation technique. The requested treatment is for electromyogram/nerve conduction velocity upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV UPPER EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** According to the 08/26/2014 report, this patient presents with "constant neck, upper and lower back pain has been well-controlled with her current medications." The current request is for NCV UPPER EXTREMITIES. The request for authorization is on 08/26/2014 and the patient's work status is "Deferred to [REDACTED] AME." The Utilization Review denial letter states "The patient in this case presents with chronic myofascial pain and does not have any acute neurological deficits noted to warrant upper EMG/NCV testing at this time." Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. In reviewing the provided medical file, there is no evidence of prior NCV studies. In this case, this patient does not present with any radiating symptoms into the hand or the arm. The patient's pain is mostly axial. There are no clinical suspicions for peripheral neuropathy, CTS or radiculopathy. Therefore; request IS NOT medically necessary.

**EMG UPPER EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** According to the 08/26/2014 report, this patient presents with "constant neck, upper and lower back pain has been well-controlled with her current medications." The current request is for EMG UPPER EXTREMITIES. The request for authorization is on 08/26/2014 and the patient's work status is "Deferred to [REDACTED] AME." The Utilization Review denial letter states "The patient in this case presents with chronic myofascial pain and does not have any acute neurological deficits noted to warrant upper EMG/NCV testing at this time." Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. Based on the provided reports, there is no evidence of prior EMG studies. In this case, this patient does not present with any radiating symptoms into the hand or the arm. The patient's pain is mostly axial. There are no clinical suspicions for peripheral neuropathy, CTS or radiculopathy. Therefore; request IS NOT medically necessary.