

<b>Case Number:</b>	CM14-0212494		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	03/13/2009
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 44 year old patient with date of injury of 03/13/2009. Medical records indicate the patient is undergoing treatment for cervical spondylotic myelopathy with disc protrusion C4-C5, C5-C6; status post anterior cervical discectomy and fusion C4 through C6, date of surgery 09/02/2014; s/p right shoulder arthroscopy; subacromial decompression; rotator cuff debridement and mini-Mumford; left shoulder mild impingement; right carpal tunnel release; left carpal tunnel syndrome and lumbar spine facet arthropathy. Subjective complaints include tingling and numbness in fingers, otherwise numbness to upper extremities has resolved post-surgery. Objective findings include neck wound is clean, dry and intact, neuro status is grossly intact; positive Tinel's and Phalen's on the left wrist. X-ray of cervical spine on 11/03/2014 revealed hardware in good position, bone graft in good position. Treatment has consisted of surgical intervention, physical therapy, cervical collar. The utilization review determination was rendered on 12/03/2014 recommending non-certification of EMG right upper extremity, NCV right upper extremity, EMG left upper extremity and NCV left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online edition, Chapter : Neck & Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

**Decision rationale:** ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician documents in most recent clinic note that the patient is 7-8 weeks post cervical discectomy and fusion, the patient reports that upper extremity numbness and tingling has resolved except for some numbness and tingling in fingers due to the recent rain. Documentation indicates that this patient has had a previous EMG in 2010, and the treating physician has not provided rationale as to why a repeat study should be conducted. Additionally, there is no indication that the right upper extremity is affected. As such the request for EMG right upper extremity is not medically necessary.

**NCV right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online edition, Chapter : Neck & Upper Back (Acute & Chronic)

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**EMG left upper extremity:** Upheld

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