Case Number:	CM14-0212557		
Date Assigned:	01/02/2015	**Date of Injury:**	08/26/2013
Decision Date:	02/20/2015	**UR Denial Date:**	12/04/2014
Priority:	Standard	**Application Received:**	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: North Carolina, New York, Missouri
Certification(s)/Specialty: Internal Medicine, Nephrology

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 patient is a 52-year-old male who has submitted a claim for cervical radiculitis associated with an industrial injury date of August 26, 2013.Medical records from 2014 were reviewed. The patient complained of neck pain radiating to the right upper extremity rated 8/10 in severity associated with numbness and tingling sensation. Physical examination of the cervical spine showed restricted cervical motion due to pain, muscle rigidity and tenderness of the paracervical muscles, positive Spurling's maneuver, weakness of right upper extremity muscles rated 5-/5, diminished sensation at the right forearm, and normal reflexes. The MRI of the cervical spine on October 21, 2013 showed multi-level disc protrusion with mild to moderate central canal narrowing at C4 to C5 and C5 to C6 levels.Treatment to date has included physical therapy and medications. The request for electrodiagnostic study is to rule out cervical radiculopathy.The utilization review from December 4, 2014 denied the request for EMG/NCV of right upper extremity because of lack of documentation concerning increased neurological dysfunction. The MRI of the cervical spine likewise showed mild central canal narrowing which could correlate the pain and decreased sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Study (EMG/NCS) of the Right Upper Extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies; Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of neck pain radiating to the right upper extremity rated 8/10 in severity associated with numbness and tingling sensation. Physical examination of the cervical spine showed restricted cervical motion due to pain, muscle rigidity and tenderness of the paracervical muscles, positive Spurling's maneuver, weakness of right upper extremity muscles rated 5-/5, diminished sensation at the right forearm, and normal reflexes. The MRI of the cervical spine on October 21, 2013 showed multi-level disc protrusion with mild to moderate central canal narrowing at C4 to C5 and C5 to C6 levels. Clinical manifestations are consistent with radiculopathy hence the request for EMG is warranted. However, the present request as submitted likewise included NCV study. There is no clear indication for performing nerve conduction velocity study at this time. Therefore, the request for electromyography / nerve conduction study of the right upper extremity is not medically necessary.