

<b>Case Number:</b>	CM14-0214745		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	03/20/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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, Hawaii

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 patient is a 31 year old male with date of injury 3/20/14, sustained when a student tried to lean on him, feeling a pop in his neck accompanied with pain as he attempted to get the student off his shoulders and neck. The treating physician report dated 11/17/14 (10) indicates that the patient presents with pain affecting the neck and left shoulder/trapezius. The patient complains that her neck pain radiates into the left shoulder and trapezius, accompanied with numbness and tingling in the hands and fingers as well as weakness of the upper extremities and hands. The physical examination findings reveal there is tenderness in the cervical and thoracic paraspinal region on the left and in the midline cervical and thoracic region. Tinel's of the ulnar at left elbow is positive as well as the medial at the left wrist. The range of motion of the cervical spine is restricted and trapezial tenderness is present. Further examination reveals tenderness of the left rotator cuff at greater tuberosity, and subacromial bursa accompanied with a positive NEER and Hawkins's test. Prior treatment history includes an X-ray, physical therapy, Acupuncture, and an MRI. MRI findings of the cervical spine reveal straightening of the normal cervical lordosis, C2-3, moderate left neural foraminal narrowing, C3-4 mild bilateral neural foraminal narrowing, and C6-7 mild right neural foraminal narrowing and a 1-2 mm disc bulge slightly asymmetric to the right. Current medications include Ibuprofen. The patient is currently not working and is TTD. The current diagnoses are: 1. Cervical spine sprain with small disc bulges 2. Thoracic sprain, rule out thoracic discogenic pain with radiculopathy3. Left shoulder impingement syndromeThe utilization review report dated 12/12/14 (5) denied the request for EMG/NCV of the bilateral upper extremities based on a lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 174, 581, 260-261, 263.

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

**Decision rationale:** The patient presents with pain affecting the neck and left shoulder/trapezius. The current request is for EMG/NCV of the bilateral upper extremities. The treating physicians report dated 11/17/14 (18) states, EMG/ nerve conduction studies are being requested as the patient has radicular type symptoms which may indicate peripheral neural impingement. The EMG/nerve conduction studies are being requested to rule out a compressive neuropathy versus primary impingement from spinal pathology. Given the patient's symptomatology, objective findings, and physical examination, the EMG/nerve conduction studies are considered medically necessary to further objectify and delineate the patient's findings. For comparison and contrast we have requested the uninvolved extremity to be included so that the comparison can be made side by side. MTUS guidelines do not address the current request. ACOEM Guidelines, 2nd Edition (2004), Chapter 11, pages 260-262 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. In this case, the patient presents with radiculopathy and possible peripheral neural impingement, which require electrodiagnostic studies to differentiate. Reports provided show the patient has not received electrodiagnostic studies of the bilateral upper extremities previously. The current request satisfies ACOEM guidelines and will allow for the treating physician to properly diagnose and treat the patient. Recommendation is for authorization.