

<b>Case Number:</b>	CM15-0003947		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 39 year old female, who sustained an industrial injury on 03/04/2011. The diagnoses have included post cervical laminectomy syndrome and cervical radiculopathy. Treatments to date have included cervical disc replacement surgery on 03/04/2011, cervical epidural steroid injection, and medications. Diagnostics to date have included electrodiagnostic test which showed mild right carpal tunnel syndrome, date unknown. In a progress note dated 12/03/2014, the injured worker presented with complaints of neck pain and bilateral upper extremity pain. The treating physician reported the electromyography/nerve conduction studies of the bilateral upper extremities is being ordered to evaluate for cervical radiculopathy. Utilization Review determination on 12/29/2014 non-certified the request for EMG (Electromyography)/NCS (Nerve conduction studies) of Bilateral Upper Extremities citing California Medical Treatment Utilization Schedule.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, EMG/NCV

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG/NCV bilateral upper extremities are not medically necessary. Nerve conduction studies are not recommended to demonstrate 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 were non-neuropathic processes if other diagnoses may be likely based on the clinical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate the cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are post cervical laminectomy syndrome; cervical radiculopathy; muscle spasms; disorder of muscle, NEC. Subjectively, the injured worker has neck pain radiating down the right arm. Pain level is decreased since last visit. VAS pain score is 4/10 and without medications 8/10. Objectively, cervical spine range of motion is limited. Right shoulder range of motion is restricted due to pain. Motor strength grip on the right is for 4+/5 and 5/5 on the left. Wrist extensors are 4/5 on the right and 5/5 on the left. Elbow flexors 4/5 on the right 5/5 on the left. Sensory examination is decreased to pinprick over the C5, C6, C7, C8 and T1 upper extremity dermatomes. The documentation shows the injured worker had an EMG/NCV August 19, 2010, June 29, 2011 and January 11, 2012. On June 26, 2011 the right upper extremity showed mild impingement of the median nerve at the right carpal tunnel ligament. On January 11, 2012 bilateral upper extremity results showed mild carpal tunnel syndrome affecting sensory component. There is minimal justification for performing nerve conduction studies when the patient is already presumed to have symptoms on the basis of radiculopathy. The injured worker had three different testing procedures with EMG/NCV (Supra). The injured worker has cervical radiculopathy. There is no indication the clinical symptoms and signs have changed and, as a result, there is no clinical indication of clinical rationale to repeat EMG/NCV of fourth time. Consequently, absent clinical documentation to support repeating EMG/NCV fourth time in the absence of significant change in signs or symptoms with considerations other than cervical radiculopathy, EMG/NCV bilateral upper extremities are not medically necessary.