

<b>Case Number:</b>	CM15-0012504		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 38-year-old male, who sustained an industrial injury on September 4, 2012. The diagnoses have included status post cervical anterior discectomy/fusion, left upper extremity radiculitis, bilateral carpal tunnel syndrome/DeQuervain's, radial styloid tenosynovitis, tear of lateral cartilage or meniscus of knee, and status post left knee scope. Treatment to date has included MRIs, electrodiagnostic studies, work modifications, home exercise program, and pain medication. On December 17, 2014, the treating physician noted lower back pain radiating to the left foot with numbness and tingling, and neck pain radiating to bilateral hands with numbness, tingling, and weakness. The physical exam revealed tenderness of the lumbar paraspinals, positive left straight leg raise, and decreased range of motion. The cervical spine exam revealed tender paraspinals and trapezius, positive compression to bilateral upper extremities, and decreased sensation of bilateral cervical 6-cervical 7. Bilateral wrists were tender, Tinel's and Finkelstein's were positive, motor was normal, and reflexes were normal. On December 31, 2014 Utilization Review modified a request for EMG/NCV (electromyography / nerve conduction velocity) of the bilateral upper extremities, noting the medical necessity for updated NCV (nerve conduction velocity) of the upper extremities was established by the injured worker having had positive provocative test which is consistent with cubital tunnel and carpal tunnel syndrome on the submitted recent report. The EMG (electromyography) is not necessary as an MRI was approved to address radicular symptoms on examination. The California Medical Treatment Utilization Schedule (MTUS) guidelines/ACOEM (American College of

Occupational and Environmental Medicine) Guidelines and Official Disability Guidelines (ODG) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral upper extremity EMG/NCV:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the guidelines, an EMG is not recommended if history and exam findings along with imaging are consistent. An EMG is recommended to clarify nerve root dysfunction when disk herniation is suspected. In this case, the claimant was diagnosed with radiculitis and carpal tunnel syndrome. MRIs and prior electrodiagnostics studies have been performed. There is no indication that an additional NCV/EMG is indicated. As a result, the request for an additional EMG/NCV is not medically necessary.