

<b>Case Number:</b>	CM15-0017835		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/21/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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 41 year old male, who sustained an industrial injury on 11/21/2014 from a motor vehicle accident. On provider visit dated 12/17/2014 the injured worker has reported pain in neck that radiates to back, right shoulder pain, intermittent upper and mid back pain, bilateral knee and ankle pain. On examination he was note to have tenderness and spasms in right trapezius muscle and range of motion of cervical spine was restricted, right shoulder tenderness and positive impingement sign was noted. The diagnoses have included status post motor vehicle accident with head trauma, intracranial bleed, cervical spine musculoligamentous strain, and cervical spine radiculopathy versus brachial plexopathy. Treatment to date has included medications The physician had also ordered an MRI of the cervical spine 2 weeks prior. On 12/31/2014 Utilization Review non-certified (electromyogram)EMG/NCS (nerve conduction studies) of the upper extremities as note medical necessary. The CA MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to guidelines, EMG/NCV studies are not recommended for nerve root involvement if history, physical and imaging are consistent. It is recommended to clarify nerve root dysfunction. In this case, the physician was ordering an MRI to clarify anatomy. Since the MRI result is not available or performed to correlate to the physical findings, an EMG/NCV is not medically necessary at this time.