

<b>Case Number:</b>	CM15-0018140		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	03/30/2015	<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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 44 year old male, who sustained an industrial injury on 04/05/2013. He has reported subsequent neck and back pain and was diagnosed with cervical strain/sprain, cervical intervertebral disc syndrome and lumbosacral sprain/strain. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 12/04/2014, the injured worker complained of neck and back pain radiating to the right leg that was rated as 5-6/10. Objective physical examination findings were notable for reduced range of motion, cervical pain, sensory loss on the right at C5, C6 and pain and sensory loss at L5 & S1 with radiculitis. A request for authorization of bilateral upper extremity electromyography and nerve conduction studies was made to ascertain cervical radiculopathy vs. carpal tunnel syndrome. On 12/31/2014, Utilization Review non-certified a request for bilateral upper extremity electromyography and nerve conduction studies, noting that the evidence does not reflect the trial and failure of conservative treatments. ACOEM guidelines 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/NCVS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004), pp. 258-262, 268-268, 271-273

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

**Decision rationale:** In this case, the patient suffers from neck pain, tingling of hands and numbness in fingers. He had electrodiagnostic tests done on 6/10/14 which showed bilateral median neuropathy. He is s/p carpal tunnel release surgery. Guidelines state that if no change has occurred within 4-6 weeks, electrical studies may be indicated and nerve conduction studies are indicated if failure of conservative treatment. The documentation does not describe a trial and failure of conservative treatments. Furthermore, the documentation does not reflect substantial changes post surgery to warrant these services. Bilateral upper extremity EMG/NCVS is not medically necessary and appropriate.