

<b>Case Number:</b>	CM15-0019619		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	03/16/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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

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 injured worker is a 36-year-old female who reported an injury on 03/16/2013. The mechanism of injury was not specifically stated. The injured worker is diagnosed with cervical radiculopathy and lumbosacral radiculopathy. On 11/20/2014, the injured worker presented for a followup evaluation. The injured worker reported chronic pain in the cervical and lumbar spine. The injured worker was not provided with any medications as she was presently breastfeeding. Upon examination, there was spasm and tenderness in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion and decreased sensation in the C6, C7, and L5-S1 dermatomes bilaterally. Recommendations included electrodiagnostic studies of the bilateral upper extremities as well as a functional capacity evaluation. A request for authorization form was submitted on 01/06/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG)/Nerve Conduction Velocities (NCV) studies for the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California MTUS /ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. In this case, it was noted that the injured worker had decreased sensation in the bilateral upper extremities. However, guidelines do not recommend special studies unless a 3 to 4 week period of conservative care and observation has failed to improve symptoms. There was no documentation of a recent attempt at any conservative treatment prior to the request for electrodiagnostic studies. Given the above, the request is not medically appropriate at this time.