

<b>Case Number:</b>	CM15-0019757		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Texas, 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:

This is a 48-year-old male patient, who sustained an industrial injury on June 29, 2010. He sustained the injury due to cumulative trauma. The diagnoses have included post-surgical cervical spine syndrome and non-union at cervical 6-cervical 7 per CT scan. Per the doctor's note dated 12/3/2014, he had complaints of ongoing right-sided neck pain with numbness and tingling of the right upper extremity. The physical exam revealed a well-healed surgical scar, 5/5 strength in bilateral upper extremities and no evidence of effusion or discharge. The treatment plan included electromyogram testing to rule out nerve root lesion or peripheral neuropathy. The current medications list includes Norco and soma. He has had lumbar CT on 11/12/2014 and cervical CT scan on 12/3/2014 which revealed nonunion at C6-7. He has undergone revision of cervical spine anterior cervical discectomy and fusion at C5-7 on 7/23/2014; lumbar spine fusion at L5-S1. He has had aquatic therapy, injections and TENS (transcutaneous electrical nerve stimulation) unit for this injury. On December 26, 2014, Utilization Review non-certified a request electromyogram (EMG) of the bilateral upper extremities, noting the limited documentation regarding the patient's neck and the reason for testing is unclear. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines, and the 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:

**EMG of the left upper extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electromyography Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Page 177-178.

**Decision rationale:** Request: EMG of the left upper extremity. Per the ACOEM guidelines Electromyography (EMG), and nerve conduction velocities (NCV), including H- reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The findings of a detailed neurological exam demonstrating neurological dysfunction are not specified in the records provided. In addition per the cited guidelines for most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Response to recent conservative therapy including physical therapy is not specified in the records provided. The medical necessity of EMG of the left upper extremity is not fully established for this patient at this time.

**EMG of the right upper extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electromyography Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 177-178.

**Decision rationale:** Request: EMG of the right upper extremity. Per the ACOEM guidelines Electromyography (EMG), and nerve conduction velocities (NCV), including H- reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The findings of a detailed neurological exam demonstrating neurological dysfunction are not specified in the records provided. In addition per the cited guidelines for most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Response to recent conservative therapy including physical therapy is not specified in the records provided. The medical necessity of EMG of the right upper extremity is not fully established for this patient at this time.

