

<b>Case Number:</b>	CM15-0112575		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	10/01/2010
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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 (IW) is a 33-year-old male who sustained an industrial injury on 10/01/2010. Diagnoses include cervical intervertebral disc (IVD) displacement without myelopathy, left C5 radiculopathy, right shoulder impingement, lumbar IVD displacement without myelopathy and right L5 radiculopathy. Treatment to date has included medications. MRI of the cervical spine on 5/28/15 showed minimal spondylosis with mild right-sided neural foraminal narrowing at the C4-5 and C6-7 levels; no central canal stenosis or left foraminal narrowing was noted; small annular tears were seen within the discs at the C5-6 and C6-7 levels. According to the progress notes dated 5/12/15, the IW reported throbbing neck pain with needles and numbness pain radiating to the right upper extremity, rated 4-5/10. He also complained of right shoulder pain described as numbness and stabbing, rated 6/10 and low back pain radiating into his right lower extremity causing cramping in his right calf and numbness in his right foot; this pain was rated 6/10. On examination, range of motion (ROM) was decreased in the cervical spine and there was loss of sensation in the C5-C6 nerve distribution on the right. Forearm and wrist extension on the right was decreased to 4+/5. The right shoulder was tender to palpation and ROM was decreased. Hawkin's and Neer's signs were positive, as well as impingement signs. ROM was also reduced in the lumbar spine and moderate to severe spasms were present in the paraspinal and gluteal muscles, mostly on the right. Straight leg raise was positive on the right at 25 degrees in the seated position. A request was made for EMG (electromyography) of the right upper extremity; NCV (nerve conduction velocity) of the right upper extremity; EMG of the left upper extremity; and NCV of the left upper extremity to determine the source of the radicular symptoms.

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

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

### **EMG (electromyography) Right Upper Extremity: Upheld**

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

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

**Decision rationale:** Guidelines recommend EMG to help identify subtle focal neurologic dysfunction in patients with neck and/or arm pain lasting more than 3-4 weeks. In this case, there are no new findings that differ from findings on the prior cervical spine MRI and there is a lack of peripheral nerve dysfunction. The request for EMG Right Upper Extremity is not medically appropriate and necessary.

### **EMG (electromyography) Left Upper Extremity: Upheld**

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

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

**Decision rationale:** Guidelines recommend EMG to help identify subtle focal neurologic dysfunction in patients with neck and/or arm pain lasting more than 3-4 weeks. In this case, there are no new findings that differ from findings on the prior cervical spine MRI and there is a lack of peripheral nerve dysfunction. The request for EMG Left Upper Extremity is not medically appropriate and necessary.

### **NCV (nerve conduction velocity) Right Upper Extremity: Upheld**

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

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

**Decision rationale:** Guidelines recommend NCV to help identify subtle focal neurologic dysfunction in patients with neck and/or arm pain lasting more than 3-4 weeks. In this case, there are no new findings that differ from findings on the prior cervical spine MRI and there is a lack of peripheral nerve dysfunction. The request for NCV Right Upper Extremity is not medically appropriate and necessary.

**NCV (nerve conduction velocity) Left Upper Extremity:** Upheld

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

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

**Decision rationale:** Guidelines recommend NCV to help identify subtle focal neurologic dysfunction in patients with neck and/or arm pain lasting more than 3-4 weeks. In this case, there are no new findings that differ from findings on the prior cervical spine MRI and there is a lack of peripheral nerve dysfunction. The request for NCV Left Upper Extremity is not medically appropriate and necessary.