

<b>Case Number:</b>	CM15-0113965		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	01/19/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Preventive Medicine, Occupational 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:

This is a 30 year old female with a January 19, 2014 date of injury. A progress note dated April 1, 2015 documents subjective complaints (constant spine rated at a level of 5/10 and occasional pain rated at a level of 9/10 in the left greater than right nuchal area with constant radiation to the left greater than right upper trapezius as well as frequent radiation to the dorsum of left more than right forearm and dorsal of left more than right hand; pain also radiates to the scapular area; occasional tingling and numbness in the bilateral upper extremities in volar aspect of the bilateral forearms and ulnar aspect of the bilateral hands; weakness in the bilateral hands; mild tinnitus in the bilateral ears; occasional balance problems; frequent pain in the bilateral shoulders rated at a level of 5/10; pain in the bilateral scapula rated at a level of 9/10, posterior greater than anterior; frequent moderate to occasional severe pain, soreness and stiffness in the volar aspect of the bilateral wrists with occasional radiation to the ulnar aspect of the bilateral hands and also to the volar aspect of the bilateral forearms with occasional tingling and numbness; swelling in the bilateral hands; depression, anxiety, mood swings, and insomnia), objective findings (left shoulder higher than the right; head and neck tilted to the right; appears to be limping or has a distorted gait; right thoracic shift; tenderness to palpation about the left cervical spine, left greater than right upper trapezius and right greater than left thoracic spine muscles; decreased range of motion of the cervical spine; decreased left grip strength; tenderness to palpation along the bilateral posterior supraspinatus deltoid complex; decreased range of motion of the bilateral shoulders; pain to palpation of the left medial epicondyle; Tinel's sign positive at the left elbow; decreased range of motion of the bilateral elbows; pain to palpation of the volar right wrist and

bilateral snuffbox; positive Phalen's test on the left; Finkelstein's test positive bilaterally; decreased range of motion of the bilateral wrists), and current diagnoses (cervicothoracic spine sprain, rule out left C7-C8 radiculopathy; bilateral shoulder sprain; left elbow medial epicondylitis, rule out ulnar canal syndrome; bilateral wrist sprain with left carpal tunnel syndrome and bilateral De Quervain's). Treatments to date have included imaging studies, medications, physical therapy, acupuncture, chiropractic treatment, and a transcutaneous electrical nerve stimulator unit. The treating physician documented a plan of care that included an electromyogram/nerve conduction velocity study of the bilateral lower extremities.

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

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

**EMG/NCV for bilateral low extremities:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies (NCS) Section.

**Decision rationale:** Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, there is no objective evidence of lumbar radicular findings. The available documentation does not provide evidence of distal nerve compression or peripheral neuropathy. The request for EMG/NCV for bilateral low extremities is determined to not be medically necessary.