

<b>Case Number:</b>	CM15-0117494		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46 year old male, who sustained an industrial injury on 8/3/11. He has reported initial complaints of neck pain and right hand numbness after striking his head at work. The diagnoses have included status post lumbar fusion, lumbago, chronic cervicgia, chronic intractable pain syndrome, post-operative radiculopathy and depression. Treatment to date has included medications, activity modifications, diagnostics, surgery, urine drug screen, physical therapy, chiropractic, psychiatric. Currently, as per the physician progress orthopedic spine surgery note date 5/19/15, the injured worker complains of neck pain, numbness in the right hand and thumb and low back pain with numbness in the buttocks and down the left leg and bilateral calves. He also complains of depression. The physical exam of the cervical spine and upper extremities is unremarkable. He walks with an antalgic gait using a single point cane. There is tenderness over the lumbar spine. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine and x-rays of the cervical spine. The physician requested treatment included electromyography (EMG) /nerve conduction velocity studies (NCV) bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant sustained a work injury in August 2011 and continues to be treated for chronic pain including neck pain with right hand numbness. When seen, pain was rated at 6-7/10 with medications. There was a normal cervical spine examination and normal upper extremity neurological examination. Electrodiagnostic testing (EMG/NCS) is generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination that would support the need for obtaining bilateral upper extremity EMG or NCS testing at this time. This request is not medically necessary.