

<b>Case Number:</b>	CM15-0118151		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/03/2015
<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 24 year old male, who sustained an industrial injury on July 3, 2012. He reported a pull and strain in his neck. Treatment to date has included work modifications, diagnostic imaging, medications and physical therapy. Currently, the injured worker complains of cervical spine pain and bilateral arm pain with associated weakness, numbness and tingling. On physical examination the injured worker has tenderness to palpation and decreased range of motion in all planes. He has a positive Spurling's test and decreased C6-7 dermatome sensation in the bilateral upper extremities. An MRI of the cervical spine on March 12, 2015 reveals both C5-C6 and C6-C7 show loss of disc space signal, normal disc space height, and 1-2 mm minimal disc bulges slightly indenting the thecal sac, and posterior thecal sac encroachment at C6-C7 due to prominent lamina, prominent ligamentum flavum. The diagnoses associated with the request include cervical spine myospasm and myalgia with radiculopathy. The treatment plan includes CT of the cervical spine, x-rays of the cervical spine, and EMG/NCV of the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Electromyography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178 and 265.

**Decision rationale:** Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral upper extremities is medically necessary per the MTUS Guidelines and ODG. The MTUS ACOEM guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. The MTUS ACOEM Guidelines state that 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 request for electrodiagnostic testing is reasonable to evaluate if there has been any changes in his condition. The patient has persistent symptoms and complaints of weakness and the last EMG/NCS was in 2012. The request for a NCV/EMG of the bilateral upper extremities is medically necessary.