

<b>Case Number:</b>	CM15-0119768		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Physical Medicine & Rehabilitation

### 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 43-year-old male, who sustained an industrial injury on 9/24/2013. Diagnoses include anterior decompression and fusion C5-6, cervical spondylosis C4-5 and post laminectomy L5-S1 aggravated by a traffic collision. Treatment to date has included surgical intervention and conservative treatment including medications and physical therapy. X-rays of the cervical spine dated 5/06/2015 showed anterior decompression and fusion C5-6 with slight degenerative changes C4-5. Per the Primary Treating Physician's Progress Report dated 5/06/2015, the injured worker reported neck pain and intermittent left arm numbness and pain in the extensor part of his forearm that started postoperatively. He also reported increased low back pain, left buttock and leg pain. Physical examination of the neck revealed 70 degrees of flexion and extension. Head compression was negative. There was a positive straight leg raise on the left. The plan of care included electrodiagnostic testing for evaluation of forearm pain and authorization was requested on 5/11/2015 for magnetic resonance imaging (MRI) and EMG (electromyography)/NCV (nerve conduction studies) 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:

**EMG left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The patient presents with neck pain and left arm numbness. The request is for EMG left upper extremity. The request for authorization is dated 05/11/15. X-ray of the cervical spine, 05/06/15, shows anterior decompression and fusion C5-6 with slight degenerative changes C4-5. Physical examination of the neck reveals 70 degrees of flexion and 70 degrees of extension. The patient has been having left arm intermittent numbness and pain in his extensor part of his forearm. He does not have numbness and tingling in the upper extremity, but he does feel this awkward pain on the lateral aspect of the forearm. I am recommending home stretching exercises. He has completed 24 visits of physical therapy. Per progress report dated 06/17/15, the patient is on modified work. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per progress report dated 06/17/15, treater's reason for the request is "he is having some tingling in his hands. We must rule out carpal tunnel syndrome versus neuropathy in the upper extremity." In this case, the patient continues with neck pain and left arm numbness. Given the patient's left upper extremity symptoms, physical examination findings and diagnosis, EMG study would appear reasonable. There is no evidence that the patient has had prior left upper extremity EMG study done. The request appears to meet guideline criteria. Therefore, the request is medically necessary.

**NCV left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The patient presents with neck pain and left arm numbness. The request is for NCV left upper extremity. The request for authorization is dated 05/11/15. X-ray of the cervical spine, 05/06/15, shows anterior decompression and fusion C5-6 with slight degenerative changes C4-5. Physical examination of the neck reveals 70 degrees of flexion and 70 degrees of extension. The patient has been having left arm intermittent numbness and pain in his extensor part of his forearm. He does not have numbness and tingling in the upper extremity, but he does

feel this awkward pain on the lateral aspect of the forearm. I am recommending home stretching exercises. He has completed 24 visits of physical therapy. Per progress report dated 06/17/15, the patient is on modified work. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per progress report dated 06/17/15, treater's reason for the request is "he is having some tingling in his hands. We must rule out carpal tunnel syndrome versus neuropathy in the upper extremity." In this case, the patient continues with neck pain and left arm numbness. Given the patient's left upper extremity symptoms, physical examination findings and diagnosis, NCV study would appear reasonable. There is no evidence that the patient has had prior left upper extremity NCV study done. The request appears to meet guideline criteria. Therefore, the request is medically necessary.

**NCV right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS).

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**Decision rationale:** The patient presents with neck pain and left arm numbness. The request is for NCV right upper extremity. The request for authorization is dated 05/11/15. X-ray of the cervical spine, 05/06/15, shows anterior decompression and fusion C5-6 with slight degenerative changes C4-5. Physical examination of the neck reveals 70 degrees of flexion and 70 degrees of extension. The patient has been having left arm intermittent numbness and pain in his extensor part of his forearm. He does not have numbness and tingling in the upper extremity, but he does feel this awkward pain on the lateral aspect of the forearm. I am recommending home stretching exercises. He has completed 24 visits of physical therapy. Per progress report dated 06/17/15, the patient is on modified work. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per progress report dated 06/17/15, treater's reason for the request is "he is having some tingling in his hands. We must rule out carpal tunnel syndrome versus neuropathy in the upper extremity." In this case, there is no evidence that the patient has had prior right upper extremity NCV study done. The patient continues with neck pain and left arm numbness. Given the patient's upper extremity symptoms, physical examination findings

and diagnosis, NCV study would appear reasonable. However, the patient's symptoms are all on the left side and not on the right. Therefore, the request is not medically necessary.

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Electromyography (EMG).

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