

<b>Case Number:</b>	CM15-0167281		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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

Certification(s)/Specialty: Pediatrics, Internal 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 56 year old female who sustained an industrial injury on 01-09-2014. Mechanism of injury occurred from lifting boxes and trays. Diagnoses include cervicgia, cervical stenosis, and cervical radiculopathy. Treatment to date has included diagnostic studies, medications, chiropractic sessions, and cervical epidural steroid injection. She is currently not working. Medications include Tramadol and Soma with good relief. There is an unofficial Magnetic Resonance Imaging of the cervical spine done on 02-07-2014 which showed at C6-C7 a 2mm left posterior lateral protrusion, causing moderate lateral left lateral recess narrowing and severe proximal left foraminal narrowing. A physician progress note dated 07-15-2015 documents the injured worker complains of neck pain and pain radiating down her left arm. She states that her swelling in her legs has decreased overall but she still has pain and she is not interested in any more epidurals. After receiving the epidural injection she developed some bilateral lower extremity edema with ecchymosis which may be secondary to her Factor V Leiden deficiency. She will see another physician for possible surgical options. Her pain is rated 6 out of 10 and it is worse with lifting. On examination there is a positive Spurling test with radiation to base of her left neck. She has decreased range of motion. There is tenderness over the cervical paraspinal muscles and left trapezius muscles. Sensation and strength are decreased in the left C6-C7 distribution. She complains of insomnia and anxiety. Treatment requested is for NCV right upper extremity, NCS left upper extremity, and Electromyography left upper extremity and Electromyography right upper extremity.

## 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back - Electromyography (EMG).

**Decision rationale:** Per ACOEM guidelines, 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. Per ODG guideline, EMG is recommended (needle, not surface) as an option in selected cases. The American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and highly specific (65%-85%). (AAEM, 1999) EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. This is in stark contrast to the lumbar spine where EMG findings have been shown to be highly correlative with symptoms. The IW underwent an MRI of the cervical spine in February 2014 which did show degenerative disc disease at C5-6 and C6-7 with a left C6-C7 posterior lateral protrusion causing a severe proximal foraminal narrowing. The physical examinations showed decreased sensation in the left C6 and C7 dermatomes. This request is medically necessary and appropriate.

### **NCV left upper extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back - Nerve conduction studies (NCS).

**Decision rationale:** Per ACOEM guidelines, 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. Per ODG guidelines, NCV's are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The IW underwent an MRI of the cervical spine in February 2014 which did show degenerative disc disease at C5-6 and C6-7

with a left C6-C7 posterior lateral protrusion causing a severe proximal foraminal narrowing. The physical examinations showed decreased sensation in the left C6 and C7 dermatomes. As the clinical examination was consistent with radiculopathy and an EMG had not yet been done an NCV was not indicated. This request is not medically necessary and appropriate.

**NCV right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back - Nerve conduction studies (NCS).

**Decision rationale:** Per ACOEM guidelines, 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. Per ODG guidelines, NCV's are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The IW underwent an MRI of the cervical spine in February 2014 which did show degenerative disc disease at C5-6 and C6-7 with a left C6-C7 posterior lateral protrusion causing a severe proximal foraminal narrowing. The physical examinations showed decreased sensation in the left C6 and C7 dermatomes. As there is no clinical evidence of a radiculopathy on the right side the NCV is not indicated. This request is not medically necessary and appropriate.

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back - Electromyography (EMG).

**Decision rationale:** Per ACOEM guidelines, 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. Per ODG guideline, EMG is recommended (needle, not surface) as an option in selected cases. The American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and highly specific (65%-85%). (AAEM, 1999) EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the

absence of EMG findings of nerve root impingement. This is in stark contrast to the lumbar spine where EMG findings have been shown to be highly correlative with symptoms. The IW underwent an MRI of the cervical spine in February 2014 which did show degenerative disc disease at C5-6 and C6-7 with a left C6-C7 posterior lateral protrusion causing a severe proximal foraminal narrowing. The physical examinations showed decreased sensation in the left C6 and C7 dermatomes but no concerning findings on the right. This request is not medically necessary and appropriate.