

<b>Case Number:</b>	CM15-0024051		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Washington

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 52-year-old female who reported an injury on 05/30/2014. The mechanism of injury was not provided. The documentation was handwritten and difficult to read. The injured worker was noted to have undergone cervical and lumbar MRIs. The injured worker had neck, back, and left leg pain. The diagnoses included herniated nucleus pulposus of cervical spine and lumbar spine, and depression. The medications included Elavil 25 mg #30 and Mobic 15 mg #15. The documentation indicated the injured worker was in need of an EMG and NCS of the bilateral lower extremities and chiropractic care. The physical examination revealed there was restricted range of motion in the cervical and lumbar spine. The injured worker had weakness. The request was made for an EMG of the lower extremities. There was a Request for Authorization submitted, dated 10/27/2014. It was handwritten and difficult to read.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Left Upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The American College of Occupational and Environmental Medicine states 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 clinical documentation submitted for review failed to provide myotomal and dermatomal findings. There was a lack of documentation of a failure of conservative care. The rationale for an EMG/NCV of the left upper extremity was not noted. The original date of request could not be determined. Given the above, the request for EMG/NCV left upper extremity is not medically necessary.