

<b>Case Number:</b>	CM15-0072065		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	01/04/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42-year-old male patient, who sustained an industrial injury on January 1, 2014. He sustained the injury due to lifting a box. The diagnoses include lumbar radiculitis, lumbar sprain/strain, and neuritis/cervical sprain/strain. Per the doctor's note dated 3/9/2015, he had complains of bilateral neck pain with numbness of the left arm; low back pain with bilateral leg numbness. His pain was rated 8 on a visual analogue scale. The physical exam revealed altered sensation of left upper extremity to the hand, a decreased left bicep deep tendon reflexes, and +4 strength in left arm flexion. The medications list includes ibuprofen, robaxin, tylenol#3 and butran patch. He has had PM&R consultation on 10/30/2014. He has had lumbar MRI on 5/7/14 and 10/14/14, which revealed 2-3mm disc protrusion at L4-5 with annular fissure; EMG/NCS lower extremities dated 1/30/15 which revealed normal findings. He has had physical therapy, chiropractic therapy and electrical stimulation units for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** EMG/NCV bilateral upper extremity. Per the 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." In addition per the cited guidelines for most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Patient has had neurological symptoms in the left upper extremity. He had complaints of bilateral neck pain with numbness of the left arm. The physical exam revealed altered sensation of left upper extremity to the hand, a decreased left bicep deep tendon reflexes, and +4 strength in left arm flexion. The pt has had conservative therapy including chiropractic treatment, physical therapy and medications. He has neck pain and significant objective evidence of neurological dysfunction in the upper extremity. Electro-diagnostic studies will help to determine the cause of the neurological signs and symptoms and differentiate cervical radiculopathy from peripheral neuropathy. In this case, a EMG/NCV BILATERAL upper extremities is deemed medically appropriate and necessary in this patient at this time.

**PMR treatment:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** Request: PMR treatment MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127 per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided patient chronic pain over the neck and lower back with radicular symptoms. Patient has tried conservative treatment including physical therapy, chiropractic therapy and electrical stimulation units. In addition, patient is also taking opioids, tylenol#3 and butran patch. It is medical appropriate and necessity for this patient to have PMR treatment to manage his chronic pain.