

<b>Case Number:</b>	CM15-0074179		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	11/26/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Emergency 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 was a 57 year old male, who sustained an industrial injury, November 25, 2014. The injury was sustained when the injured worker was coming down a ladder and slipped. The injure worker fell backwards landing on the back and hitting the head. The injured worker previously received the following treatments chiropractic services, CT scan, x-rays and cervical spine MRI. The injured worker was diagnosed with cervical sprain/strain and lumbar spine sprain/strain. According to progress note of January 23, 2015, the injured workers chief complaint was intermittent neck with radiation of pain into the left shoulder. The injured worker rated the neck pain at 5 out of 10; 0 being no pain and 10 being the worse pain. The lower back pain was increased with walking. The low and mid back pain was rated at 5 out of 10. The cervical spine MRI results were noted on the primary treating physician's progress report of March 23, 2015. The treatment plan included EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities, on March 23, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Spine and UE Sections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182 and 272.

**Decision rationale:** EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment. There is no documentation of any recent neurological exam or changes in physical exam. Patient already has imaging that show obvious causes of neck pain. There is no rationale provided for requested test. NCV is not medically necessary As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. There is no exam or signs consistent with radiculopathy there is no rationale about why testing is requested for a chronic condition. EMG is not medically necessary. EMG and NCV of bilateral upper extremities are not medically necessary.