

<b>Case Number:</b>	CM15-0075702		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	08/01/2007
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old male, who sustained an industrial injury on 08/01/2007. His diagnoses were noted as intervertebral disc disorder cervical with displacement - status post spine reconstruction 9/2008 to C4 -C7 anterior fusion. On provider visit dated 03/04/2015 the injured worker has reported neck pain and bilateral upper extremity radiculopathy. On examination of the cervical spine was noted to have a decreased range of motion, a positive Spurling sign, 4/5 bilateral shoulder abduction and elevation sensory deficits to right upper extremity hand and to left shoulder and trapezius region. The diagnoses have included status post C4 to C7 reconstruction rule out herniated nucleus pulposus, cervical radiculopathy, and neck pain. Treatment to date has included medication, MRI and surgical intervention. The provider requested electromyogram and 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:

**One (1) EMG/NCS of the bilateral upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This claimant was injured now almost 8 years ago. There was a 2008 neck surgery. There is still pain in the neck and bilateral upper extremities. There are sensory deficits reported. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. There was already an electrodiagnostic study accomplished; the need for a repeat without significant progressive objective neurologic dysfunction is not established. The request was appropriately non-certified and is not medically necessary.