

<b>Case Number:</b>	CM15-0079106		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, West Virginia, Pennsylvania  
 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 is a 54 year old female, who sustained an industrial injury on 09/11/2012. On provider visit dated 04/07/2015, the injured worker has reported neck pain or right shoulder pain. On examination of the cervical spine showed tenderness in the paraspinal muscles and a decreased range of motion. Right shoulder shows tenderness anteriorly and laterally with a decrease of range of motion. The diagnoses have included right biceps tendinitis with flare up and cervical strain/sprain with multilevel disk disease with osteophyte complex with facet disease with flare up. Treatment to date has included MRI, CT scan of spine and medication. The provider requested EMG/NCS, (Electromyography and nerve conduction velocity) Bilateral Upper Extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS, (Electromyography and nerve conduction velocity) Bilateral Upper Extremity:**  
 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.

**Decision rationale:** Guidelines recommend EMG studies in cases of subtle focal neurologic dysfunction in patients lasting over 3 weeks in which the diagnosis of nerve root involvement, history, physical exam and imaging study are not consistent. In this case, the patient has slight range of motion restrictions and tenderness with decreased motor strength in upper extremities. MRI results are pending. Since the result of the MRI may negate the need for EMG, the request for EMG is not medically appropriate and necessary at this time.