

<b>Case Number:</b>	CM15-0099401		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	05/25/2006
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Physical Medicine & Rehabilitation

### 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 57 year old female, who sustained an industrial injury on 5-25-2006. She reported pain in her neck, left shoulder, left wrist and lower back. Diagnoses have included musculoligamentous strain of the cervical spine, multilevel disc protrusions of the cervical spine, impingement syndrome of the left shoulder, status post laminectomy-discectomy with fusion of the lumbar spine and carpal tunnel syndrome of the left wrist. Treatment to date has included surgery, magnetic resonance imaging (MRI) and medication. According to the progress report dated 4-8-2015, the injured worker complained of constant pain in her neck and shoulder blades with traveling pain to the left upper extremity. She had constant numbness in her left hand. She complained of pain and stiffness in her left shoulder. She complained of constant low back pain with traveling pain to the lower extremities. Exam of the cervical spine revealed paravertebral muscle spasm. Exam of the upper extremities revealed paresthesia in the volar aspect of the left hand. There was tenderness in the left shoulder in the subacromial region. Tinel's sign and Phalen's test were positive in the right wrist side. It was noted that electromyography (EMG) and nerve conduction study (NCS) of the upper extremities done 2-29-2008 revealed left C5-6 cervical radiculopathy with mild, right median sensory neuropathy. Authorization was requested for electromyography (EMG) and nerve conduction velocity (NCV) of the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography)/NCS (nerve conduction study) of the left upper extremities:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

**Decision rationale:** Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, and entrapment, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any acute symptoms or deteriorating clinical findings to suggest any acute change in previously diagnosed cervical radiculopathy and median entrapment syndrome, only with continued chronic diffuse radiating pain. This chronic injury is without red-flag conditions, new injury, or progressive neurological deficits to support repeating the electrodiagnostic study. The EMG (electromyography)/NCS (nerve conduction study) of the left upper extremities is not medically necessary and appropriate.