

<b>Case Number:</b>	CM14-0146327		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 43 year old female who sustained an injury to her left upper extremity on 05/01/12 while performing her usual and customary duties; she sustained a repetitive motion injury. The specific mechanism of injury was not documented. Plain radiographs of the cervical spine were within normal limits, except for slight 'beaking' of the inferior C5-6. MRI of the cervical spine performed in May of 2013 revealed 3-4mm disc bulge at C6-7, which protrudes to the left side paracentrally. A clinical note dated 04/04/14 reported that the injured worker stated she occasionally gets numbness in her hand and feels weak in the entire right upper extremity. She denied any symptoms in the left side or any other focal neurological symptoms. Records indicate that a previous request for EMG/NCS of the bilateral upper extremities was partially certified for EMG/NCS of the right upper extremity on the basis that the left upper extremity was asymptomatic. EMG/NCS of the right upper extremity dated 03/29/13 was unremarkable. Treatment to date has included physical therapy, medications, cervical epidural steroid injection, despite no evidence that radiculopathy was present. A clinical note dated 08/14/14 reported that the injured worker's complaints were mainly cervical and of the right upper extremity. Physical examination noted cervical paraspinal tenderness with decreased active range of motion, grip strength measurement on the right, and a positive Tinel's on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of left upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Electromyography (EMG)

**Decision rationale:** The request for EMG/NCV of the left upper extremity is not medically necessary. The previous request was denied on the basis that there was no indication to study the involved side, the left. The Official Disability Guidelines states that while cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary overtreatment. The Official Disability Guidelines also states that there is minimal justification for performing nerve conduction studies when an injured worker is already presumed to have symptoms on the basis of radiculopathy. Given this, the request for EMG/NCV of the left upper extremity is not indicated as medically necessary.

**NCV of left upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Nerve conduction studies (NCS)

**Decision rationale:** The request for EMG/NCV of the left upper extremity is not medically necessary. The previous request was denied on the basis that there was no indication to study the involved side, the left. The Official Disability Guidelines states that while cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary overtreatment. The Official Disability Guidelines also states that there is minimal justification for performing nerve conduction studies when an injured worker is already presumed to have symptoms on the basis of radiculopathy. Given this, the request for EMG/NCV of the left upper extremity is not indicated as medically necessary.