

<b>Case Number:</b>	CM14-0154842		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/04/2014
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 30-year-old female who reported an injury on 06/04/2014. The injury reportedly occurred when her left hand became caught between a door and a cage; she experienced immediate pain in her left hand. The injured worker's diagnoses included cervical sprain/strain, cervical myofasciitis, thoracic sprain/strain, thoracic myofasciitis, left shoulder sprain/strain, left shoulder muscle spasm, and left wrist sprain/strain. The injured worker's past treatments included physical therapy, medication, and 12 chiropractic visits. The injured worker's diagnostic testing included x-rays taken on 06/09/2014, the results were noted to reveal cervical radiculopathy. There were no relevant surgeries included. On 07/25/2014, the injured worker complained of constant moderate neck pain that she rated a 6/10. She also reported upper/mid back pain that she rated a 7/10. She reported left shoulder pain, that was rated a 6/10 and left wrist pain, that she rated an 8/10. Upon physical examination the injured worker as noted with decreased sensation globally in the left upper extremity. The motor strength is 5+/5 bilaterally in the upper and lower extremities. The cervical, thoracic, left shoulder and left wrist were noted with decreased and painful ranges of motion. Tinel's and Phalen's were noted to cause pain. The injured worker's medications were documented as pain medications. The request was for an Electromyography (EMG) of the left upper extremities and a Nerve Conduction Velocity (NCV) of the left upper extremity. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Electromyography (EMG) of the Left Upper Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for EMG of the left upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state when "neurologic examination is unclear, further physiological evidence of nerve dysfunction can be obtained before ordering an imaging study." Electromyography (EMG) and Nerve Conduction Velocities (NCV), including H reflex test, may help justify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The guidelines note EMG is not recommended for the diagnosis of nerve root involvement when the history, physical examination, and imaging studies are consistent. The injured worker was noted to have tried at least 14 sessions of chiropractic therapy. The documentation did not provide objective evidence that the conservative therapy tried was failed. She was noted with decreased sensation in the left upper extremity. However, the rationale for the electrodiagnostic study was not provided. The documentation did not provide sufficient evidence of an inability to determine the affected nerve or failed conservative care to include physical therapy, home exercise, and medications. In the absence of documentation with evidence of 4-6 week period of failed conservative care and documentation of inability to determine the affected nerve the request is not supported at this time. Therefore, the request is not medically necessary.

### **Nerve Conduction Velocity (NCV) of the Left Upper Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Upper back, Nerve conduction studies

**Decision rationale:** The request for NCV of the left upper extremities is not medically necessary. The Official Disability Guidelines state "nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs." Nerve conduction studies may be recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The injured worker was noted to have x-rays that revealed cervical radiculopathy. She was noted with decreased sensation in the left upper extremity upon physical examination. The Tinel's and Phalen's test were noted to cause pain upon physical examination. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical

radiculopathy, with caution that these studies can result in unnecessary overtreatment. In the absence of documentation with evidence of a tried and failed period of conservative care to include physical therapy, home exercise program, and medications the request is not supported. Therefore, the request is not medically necessary.