

<b>Case Number:</b>	CM13-0015575		
<b>Date Assigned:</b>	10/09/2013	<b>Date of Injury:</b>	03/11/1994
<b>Decision Date:</b>	09/04/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 03/11/94. Treatments have included electrical stimulation, left knee viscosupplementation injections and she underwent left knee arthroscopy with a partial meniscectomy and chondroplasty in January 1997. She had a recurrent left knee injury due to a fall and underwent a second arthroscopy. EMG/NCS testing in December 2008 is referenced as showing right ulnar neuropathy at the elbow. An MRI of the lumbar spine on 10/28/11 showed findings of multilevel degenerative changes with an annular tear at L2-3 and multi-level nerve root compromise. EMG/NCS testing of the lower extremities on 11/10/11 was negative. She had a right cubital tunnel release in May 2013. She was seen by the requesting provider on 05/29/13. She was having ongoing cervical, lumbar, and left knee symptoms. She was having headaches. She reported being compliant with medications but was having stomach upset with Naprosyn. Physical examination findings included cervical and upper trapezius muscle spasm with positive compression and Spurling's tests. There was decreased and painful cervical spine range of motion and C5-6 dysesthesias. Phalen's and Tinel's testing was positive. There was lumbar spine tenderness with muscle spasm and pain with range of motion. Seated straight leg raising was positive. There were L5 and S1 dysesthesias. There was pain and tenderness of the left knee, positive patellar compression, and pain and crepitus with flexion. When seen by a pain management on 06/19/13 she was having ongoing back pain. Physical examination findings included a positive right straight leg raise and decreased right lower extremity sensation. There was quadriceps atrophy. Lumbar spine range of motion was decreased and painful and there was paraspinal muscle tenderness and spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI CERVICAL SPINE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**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 (Acute & Chronic), Magnetic resonance imaging.

**Decision rationale:** The claimant is more than 20 years status post work-related injury. She has had upper extremity and lower extremity EMG/NCS testing and an MRI of the lumbar spine. There is no reported new injury. She underwent a right cubital tunnel release in May 2013 and has ongoing cervical and upper extremity symptoms with physical examination findings of positive cervical compression and Spurling's tests and C5-6 dysesthesias as well as positive Phalen's and Tinel's testing. Indications for magnetic resonance imaging of the cervical spine include chronic neck pain with or without spondylosis by x-ray and the presence of neurologic signs or symptoms. In this case, the claimant has continued symptoms after ulnar nerve transposition surgery which suggests the presence of more than one condition. She has positive neural compression tests and symptoms consistent with possible cervical radiculopathy.

**EMG LEFT UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant is more than 20 years status post work-related injury. She has had upper extremity and lower extremity EMG/NCS testing and an MRI of the lumbar spine. There is no reported new injury. She underwent a right cubital tunnel release in May 2013 and has ongoing cervical symptoms with physical examination findings of positive cervical compression and Spurling's tests and C5-6 dysesthesias as well as positive Phalen's and Tinel's testing. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing of the upper extremities. None of the above indications is present. As discussed above, further

evaluation of her condition by cervical spine MRI would be considered medically necessary and repeat EMG/NCS testing would be duplicative.

**EMG RIGHT UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant is more than 20 years status post work-related injury. She has had upper extremity and lower extremity EMG/NCS testing and an MRI of the lumbar spine. There is no reported new injury. She underwent a right cubital tunnel release in May 2013 and has ongoing cervical symptoms with physical examination findings of positive cervical compression and Spurling's tests and C5-6 dysesthesias as well as positive Phalen's and Tinel's testing. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing of the upper extremities. None of the above indications is present. As discussed above, further evaluation of her condition by cervical spine MRI would be considered medically necessary and repeat EMG/NCS testing would be duplicative. Additionally, her history of recent right ulnar nerve release would be expected to complicate interpretation of a repeat test and lessen its diagnostic usefulness.

**NCS LEFT UPPER UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant is more than 20 years status post work-related injury. She has had upper extremity and lower extremity EMG/NCS testing and an MRI of the lumbar spine. There is no reported new injury. She underwent a right cubital tunnel release in May 2013 and has ongoing cervical symptoms with physical examination findings of positive cervical compression and Spurling's tests and C5-6 dysesthesias as well as positive Phalen's and Tinel's testing. Indications for repeat testing include the following: (1) The development of a new set of

symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing of the upper extremities. None of the above indications is present. As discussed above, further evaluation of her condition by cervical spine MRI would be considered medically necessary and repeat EMG/NCS testing would be duplicative.

**NCS RIGHT UPPER UPPER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant is more than 20 years status post work-related injury. She has had upper extremity and lower extremity EMG/NCS testing and an MRI of the lumbar spine. There is no reported new injury. She underwent a right cubital tunnel release in May 2013 and has ongoing cervical symptoms with physical examination findings of positive cervical compression and Spurling's tests and C5-6 dysesthesias as well as positive Phalen's and Tinel's testing. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing of the upper extremities. None of the above indications is present. As discussed above, further evaluation of her condition by cervical spine MRI would be considered medically necessary and repeat EMG/NCS testing would be duplicative. Additionally, her history of recent right ulnar nerve release would be expected to complicate interpretation of a repeat test and lessen its diagnostic usefulness.

**EMG LEFT LOWER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant is more than 20 years status post work-related injury. She has had upper extremity and lower extremity EMG/NCS testing and an MRI of the lumbar spine. There is no reported new injury. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing of the lower extremities. None of the above indications is present.

**EMG RIGHT LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant is more than 20 years status post work-related injury. She has had upper extremity and lower extremity EMG/NCS testing and an MRI of the lumbar spine. There is no reported new injury. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing of the lower extremities. None of the above indications is present.

**NCS LEFT LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant is more than 20 years status post work-related injury. She has had upper extremity and lower extremity EMG/NCS testing and an MRI of the lumbar spine. There is no reported new injury. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing of the lower extremities. None of the above indications is present.

**NCS RIGHT LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant is more than 20 years status post work-related injury. She has had upper extremity and lower extremity EMG/NCS testing and an MRI of the lumbar spine. There is no reported new injury. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing of the lower extremities. None of the above indications is present.

**MEDROX PAIN RELIEF OINTMENT 120GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

**Decision rationale:** The claimant is more than 20 years status post work-related injury and continued to be treated for chronic pain. Medrox is a combination of Methyl Salicylate, Menthol, and Capsaicin. Menthol and Methyl Salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with

transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, the requested Medrox is not medically necessary.