

<b>Case Number:</b>	CM13-0022289		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 63-year-old male who reported injury on February 26, 2013. The mechanism of injury was noted as the patient stepped off of a truck. The patient was noted to have an antalgic gait and strength in the right upper extremity of 4/5 and sensation was noted to be decreased in the right arm. Reflexes were noted to be 1+ in the upper and lower extremities. Straight leg raise in the seated position revealed the patient had tightness in the back. The patient's diagnoses were noted to include neck pain status post neck surgery for central cord syndrome, low back pain, and mid back pain. The request was made for one (1) electromyogram (EMG) bilateral upper extremity between August 17, 2013 and October 25, 2013, one (1) nerve conduction study (NCS) bilateral upper extremity between August 17, 2013 and October 25, 2013, one (1) prescription of Ambien #30 between August 17, 2013 and October 25, 2013, and one (1) prescription of Neurontin #90 between August 17, 2013 and October 25, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one (1) Electromyogram (EMG) bilateral upper extremity between August 17, 2013 and October 25, 2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

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

**Decision rationale:** The California MTUS Guidelines recommend electromyography to help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting more than three- or four-week period of conservative care and observation fails to improve symptoms. The clinical documentation submitted for review indicated that the patient had weakness that occurred for approximately 10 weeks in the right upper extremity, it failed to provide the necessity for an EMG of the left upper extremity and it failed to include documentation of the patient's conservative care. Additionally, it failed to provide documentation of conservative care. Given the above, the prospective request for one (1) EMG bilateral upper extremity between August 17, 2013 and October 25, 2013 is not medically necessary and appropriate.

**one (1) Nerve Conduction Study (NGS) bilateral upper extremity between August 17, 2013 and October 25, 2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

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

**Decision rationale:** The California MTUS Guidelines recommend electromyography to help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting more than three- or four-week period of conservative care and observation fails to improve symptoms. The clinical documentation submitted for review failed to provide documentation of conservative care, additionally it failed to provide the patient had symptomatology in both extremities to support the bilateral study. Given the above, the prospective request for one (1) NGS bilateral upper extremity between August 17, 2013 and October 25, 2013 is not medically necessary and appropriate.

**one (1) prescription of Ambien #30 between August 17, 2013 and October 25, 2013:** 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 Official Disability Guidelines (ODG), Pain Chapter.

**Decision rationale:** The California MTUS guidelines do not address Zolpidem (AMBIEN), per Official Disability Guidelines; Ambien is approved for short term use for treatment of insomnia. The clinical documentation submitted for review failed to provide the patient was having signs and symptoms of insomnia and failed to provide the necessity for the requested medication.

Given the above, the prospective request for one (1) prescription of Ambien #30 between August 17, 2013 and October 25, 2013 is not medically necessary and appropriate.

**one (1) prescription of Neurontin #90 between August 17, 2013 and October 25, 2013:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16.

**Decision rationale:** The California MTUS guidelines recommend Neurontin for neuropathic pain. The clinical documentation submitted for review failed to provide the patient had documentation of neuropathic pain and it failed to provide if this was the patient's first prescription for the medication. If it was not the first prescription, it failed to provide the efficacy of the medication. Given the above, the prospective request for one (1) prescription of Neurontin #90 between August 17, 2013 and October 25, 2013 is not medically necessary and appropriate.