

<b>Case Number:</b>	CM13-0029606		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	11/04/2009
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and 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 39-year-old male who reported an injury on 11/4/09 due to a motor vehicle accident. The patient was initially treated with physical therapy and medications. He underwent an MRI that revealed a C6-7 disc protrusion with mild deformity of the anterior cervical cord, a C5-6 disc protrusion with mild deformity of the anterior cervical cord and mild bilateral foraminal narrowing, and left foraminal narrowing secondary to uncinate process spurring at the C4-5. The patient's chronic neck pain continued to be managed with medications. His most recent clinical exam findings included chronic cervical neck pain rated 4/10 radiating into the right shoulder, decreased grip on the right side, a positive cubital Tinel's test on the left and negative on the right, positive compression test to the right, and weakness in abduction of the first dorsal intraosseous on the right. Diagnoses included sprain/strain of the shoulder, carpal tunnel syndrome, brachial neuritis, and thoracic/lumbar neuritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for electromyography (EMG) of the bilateral upper extremities:** Upheld

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

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

**Decision rationale:** The clinical documentation submitted for review evidences that the patient has radicular symptoms in the bilateral upper extremities. The American College of Occupational and Environmental Medicine states that electrodiagnostic studies are not necessary in the presence of clinically evidenced radiculopathy. The patient has a positive compression test to the right, decreased grip strength in the right hand, and decreased reflexes in the right hand. Additionally, the patient had a negative cubital Tinel's sign on the right. As it is clinically obvious that the patient has right-sided radicular pain in the upper extremity with no evidence of cubital tunnel symptoms, an EMG of the bilateral upper extremities would not be indicated.

**The request for a nerve conduction study (NCS) of the bilateral upper extremities:** Upheld

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

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

**Decision rationale:** The clinical documentation submitted for review evidences that the patient has radicular symptoms in the bilateral upper extremities. The [REDACTED] states that electrodiagnostic studies are not necessary in the presence of clinically evidenced radiculopathy. The patient has a positive compression test to the right, decreased grip strength in the right hand, and decreased reflexes in the right hand. Additionally, the patient had a negative cubital Tinel's sign on the right. As it is clinically obvious that the patient has right-sided radicular pain in the upper extremity with no evidence of cubital tunnel symptoms, and NCS of the bilateral upper extremities would not be indicated. As such, the requested NCS of the bilateral upper extremities is not medically necessary or appropriate.

**The request for an unknown prescription of Norco:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-On-Going Management Page(s): 78.

**Decision rationale:** The clinical documentation submitted for review states that the patient is currently prescribed Norco 10/325 mg tablets three times daily. The California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of the patient's chronic pain be supported by documentation of symptom relief, increased functional benefit, well-controlled side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration. There is no evidence of pain relief, increased functional benefit, assessment of side effects, or monitoring for aberrant behavior with the use of this medication. As such, the requested unknown prescription of Norco is not medically necessary or appropriate.

