

<b>Case Number:</b>	CM13-0046197		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/24/2008
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Pain Management, and has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Maryland, and Florida. 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:

This 62 year old male sustained an injury on 01/24/2008 and was treated accordingly. An AME report was completed by [REDACTED] on August 15, 2011. Diagnoses included cervical syndrome with radiculopathy/status post anterior interbody fusion on 5/9/11, bilateral shoulder sprain, and lumbosacral syndrome with sciatica. The treatment plan was for postoperative physical therapy for the cervical spine followed by a self-directed program of muscle strengthening and stretching. With regard to the lower back, depending upon the results of a recent MRI study of lumbar spine, surgery may or may not be indicated. The patient underwent bilateral L4 and L5 selective nerve root blocks on March 12, 2012. The patient was subsequently evaluated by [REDACTED] on March 23, 2012, at which time the patient reported 75% improvement in symptoms after the epidural block. The patient is taking Vicodin, Norvasc, Prilosec, Citrucel, Mi-Acid, and Neurontin. Electrodiagnostic testing dated May 03, 2013 for BLE was within normal limits. The patient was last examined by Neurologist on 06/08/2013. According to this report, the patient is feeling depressed. He no longer performs a majority of his ADLs that he used to perform. There is evidence of bilateral wrist median and ulnar neuropathy consistent with carpal tunnel syndrome confirmed in 2008 testing. Repeat electrodiagnostic tests are needed to evaluate the status of the carpal tunnel syndrome. Lower extremity testing was within normal limits. A home CPAP machine is prescribed. The patient requires neurological follow-up for nocturnal leg cramps. Voiding cystometrogram for treatment of urinary urgency was requested. MRI of the lumbar spine dated September 19, 2013 reveals, "At L4-5, there is marked central spinal canal stenosis caused by disc protrusion, degenerative facet enlargement, and thickening of the ligamentum flavum. At L5-S1, there are postsurgical findings suggesting prior right laminectomy. There is suprapedicular, subarticular zone stenosis and right neural foraminal

stenosis with impression upon the traversing S1 nerve roots just above the lateral recess and the right L5 nerve root as it exits the foramen. There are disc bulges/protrusions at other levels. There is no other significant nerve root compression seen." present for 2-3 weeks. The patient was prescribed Zanaflex. was prescribed Zanaflex. On January 3, 2012, updated AME opinions were submitted. It is noted that additional records were provided and reviewed. The operative report of May 9, 2011 was reviewed. In regards to lumbar surgery, which has been denied, recommendation continues to be that more conservative modalities should be tried prior to surgery. Specifically, if epidural injections were not helpful, then the lumbar surgery at L4-5 and L5-S1 would be indicated. The patient was seen on March 5, 2012 and refills were provided for Soma, Norco, and Prilosec. According to an operative report, the patient underwent bilateral L4 and L5 selective nerve root blocks on March 12, 2012. The patient was subsequently evaluated by [REDACTED] on March 23, 2012, at which time the patient reported 75% improvement in symptoms after the epidural block. Records include urine drug screen results with a collection date of April 14, 2012 which was found to be positive for hydrocodone and hydromorphone. It was negative regarding meprobamate. The results confirmed the prescription medication Norco. A May 2, 2012 report notes that the urine drug screen from February 22, 2012 was positive for meprobamate. The patient is taking Vicodin, Norvasc, Prilosec, Citrucel, Mi-Acid and Neurontin prescribed by another doctor. Another toxicology test was recommended to assess his compliance with medications provided. The patient was seen on May 30, 2012 and a recommendation was made for continued interterential unit, ice heat unit, and home exercise kit. He was to remain off of work. The patient was seen on July 23, 2012 by [REDACTED] with complaints of n

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**(EMG) Electromyography:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303, 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Treatment for Workers' Compensation, Online Edition, Chapter on Neck and Upper Back (Acute and Chronic).

**Decision rationale:** Electrodiagnostic testing dated May 03, 2013 was within normal limits. Neurological consultation dated June 08, 2013 indicates multiple diagnoses. According to this report, the patient is feeling depressed. He no longer performs a majority of his ADLs that he used to perform. There is evidence of bilateral wrist median and ulnar neuropathy consistent with carpal tunnel syndrome confirmed in 2008 testing, therefore, the added benefit of another EMG study in the management of the patient who is already known to have Carpal Tunnel Syndrome tunnel syndrome, diagnosed with a previous EMG/NCS study, is not medically necessary and not supported by MTUS guidelines with level of evidence. The Official Disability Guidelines (ODG) states that electromyography (EMG) is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). In this case the diagnosis had already been made and confirmed by a previous test in 2008. Surface EMG is not recommended.

**Nerve Conduction Velocity Test (NCV): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303, 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Treatment for Workers' Compensation, Online Edition, Chapter on Neck and Upper Back (Acute and Chronic).

**Decision rationale:** The 2/29/08 NCV exam of bilateral upper extremities showed demyelinating neuropathy at the wrist (carpal tunnel) and borderline bilateral ulnar sensory demyelinating neuropathy at the wrist, therefore, the added benefit of another NCV study in the management of the patient who is already known to have Carpal Tunnel Syndrome tunnel syndrome, diagnosed with a previous EMG/NCS study is not medically necessary and not supported by MTUS guidelines with level of evidence. The (ODG) states that Electromyography (EMG) is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), in this case the diagnosis had already been made and confirmed by a previous test in 2008.