

Case Number:	CM13-0052672		
Date Assigned:	12/30/2013	Date of Injury:	08/27/2009
Decision Date:	04/30/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/01/2013

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 Management 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:

This is a male patient with the date of injury of August 27, 2009. A utilization review determination dated October 17, 2013 recommends non-certification of EMG BUE, non-certification of EMG BLE, modification of FRP to evaluation only, and non-certification of hot/cold wrap, body part not specified. The previous reviewing physician recommended non-certification of EMG BUE due to lack of documentation of objective radicular or neuropathic findings; non-certification of EMG BLE due to lack of documentation of objective radicular or neuropathic findings; modification of FRP to evaluation only due to documentation of chronic pain that could benefit from a multidisciplinary approach to managing pain; and non-certification of hot/cold wrap body part not specified due the specific body part not being defined. A rating report dated October 1, 2013 identifies present complaints of low back/left groin constant pain, shooting from the buttock down to the calf. The shooting pain is more on the left than on the right and constant in nature down the lower extremities. With regard to the left hand, he describes ongoing pain along the base of the thumb, numbness and tingling in all five fingers intermittently. The physical examination identifies tightness along the paraspinal musculature and decreased lumbar ROM. The tenderness along the lumbosacral, SI joints, especially on the left and the left buttock. Tenderness along the carpal tunnel bilaterally. He has positive reverse Phalen's test and positive Phalen's test bilaterally. He has tenderness along the cubital tunnel area on the left and local Tinel's at the cubital tunnel on the left. Assessment identifies discogenic cervical condition with multilevel disc disease, carpal tunnel syndrome bilaterally documented by nerve studies in the past with sensory and motor deficit, and discogenic lumbar condition with radiculitis for which MRI's show multilevel disc disease. Discussion identifies with regard to his wrist, he can have carpal tunnel release and/or injection, bracing for both with soft brace and daytime rigid brace at nighttime and hot and cold wrap for that area is reasonable. The patient is

a candidate for functional restoration program evaluation based on his age and multitude of problems to cope with his situation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG FOR BILATERAL UPPER EXTREMITIES: 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 ODG, Neck & Upper Back Chapter, Electromyography and Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography

Decision rationale: Regarding the request for EMG for bilateral upper extremities, Occupational Medicine Practice Guidelines state appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. ODG states electrodiagnostic studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. Within the documentation available for review, symptoms and findings consistent with carpal tunnel syndrome are present. It's noted that carpal tunnel syndrome was documented by nerve studies in the past. There is no documentation identifying what is to be obtained from repeating an EMG or that the patient is considered a surgical candidate. In the absence of such documentation, the currently requested EMG of bilateral upper extremities is not medically necessary.

EMG FOR BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for EMG for bilateral lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be

useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, findings consistent with neurologic dysfunction are not noted. In the absence of such documentation, the currently requested EMG for bilateral lower extremities is not medically necessary.

FUNCTIONAL RESTORATION PROGRAM EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-34, 49.

Decision rationale: Regarding the request for functional restoration program evaluation, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the documentation available for review, there is no documentation that the patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change and negative predictors of success above have been addressed. In light of the above issues, the currently requested functional restoration program evaluation is not medically necessary.

HOT/COLD WRAP BODY PART: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Cold packs and Heat Therapy

Decision rationale: Regarding the request for a hot/cold wrap, Occupational Medicine Practice Guidelines state physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Limited studies suggest there are satisfying short- to medium-term effects due to ultrasound treatment in patients with mild to moderate idiopathic CTS, but the effect is not curative. Patients' at-home applications of heat or cold packs may be used before or after exercises and are

as effective as those performed by a therapist. ODG recommends at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy. Within the medical information made available for review, there is no documentation of acute complaints to support the use of cold therapy. Additionally, it is unclear why the currently requested hot/cold wrap would provide superior outcomes for this patient when compared to the low tech application of heat/cold which the patient is able to perform at home. In the absence of clarity regarding those issues, the currently requested hot/cold wrap is not recommended.