Case Number:	CM13-0054024		
Date Assigned:	12/30/2013	**Date of Injury:**	03/16/1995
Decision Date:	06/02/2014	**UR Denial Date:**	10/28/2013
Priority:	Standard	**Application Received:**	11/04/2013

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 Occupational Medicine 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:

Patient is a 68 year old male with date of injury 03/16/1995. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 09/10/2013, lists subjective complaints as constant neck pain with associated numbness and tingling in the fingers. He also complains of low back pain and constant knee pain. Objective findings: Examination of the cervical spine revealed tenderness and spasm at the cervical paravertebrals. Range of motion was restricted and painful. There was no evidence of radicular pain to the upper extremities on cervical motion. Cervical compression test produced pain in the upper hands. Sensory exam is normal. Examination of the lumbosacral spine revealed tenderness and spasm from L1 to the sacrum. Range of motion was limited and painful. Straight leg test from supine position was negative at 90 degrees bilaterally. Diagnosis: 1. S/P bilateral carpal tunnel release 2. Cervical strain 3. Cervical disc disease 4. Lumbar strain 5. Right de Quervain tenosynovitis 6. Anxiety/Stress 7. Lumbar disc disease 8. Cervicogenic headaches 9. S/P lumbar spine surgery (06/19/2012) 10. Right L4-L5 laminoforaminotomy 11. Sprain/strain of the right hand long finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) OF THE RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The patient presents with a complicated clinical picture in regard to his upper extremity pain. He has a long history of carpal tunnel syndrome and has had bilateral carpal tunnel release surgery. On physical exam, he presents with bilateral Tinel's sign which may indicate recurrent carpal tunnel syndrome. In addition, cervical compression testing produces radicular symptoms into both hands, which may indicate cervical nerve root compression. The Guidelines do recommend both EMG and nerve conduction studies in this case to delineate whether the patient has carpal tunnel syndrome, cervical radiculopathy, both, or neither. Electromyogram (EMG) of the right upper extremity is medically necessary.

ELECTROMYOGRAM (EMG) OF THE LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The patient presents with a complicated clinical picture in regard to his upper extremity pain. He has a long history of carpal tunnel syndrome and has had bilateral carpal tunnel release surgery. On physical exam, he presents with bilateral Tinel's sign which may indicate recurrent carpal tunnel syndrome. In addition, cervical compression testing produces radicular symptoms into both hands, which may indicate cervical nerve root compression. The Guidelines do recommend both EMG and nerve conduction studies in this case to delineate whether the patient has carpal tunnel syndrome, cervical radiculopathy, both, or neither. Electromyogram (EMG) of the left upper extremity is medically necessary.

NERVE CONDUCTION STUDY (NCS) OF THE RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The patient presents with a complicated clinical picture in regard to his upper extremity pain. He has a long history of carpal tunnel syndrome and has had bilateral carpal tunnel release surgery. On physical exam, he presents with bilateral Tinel's sign which may indicate recurrent carpal tunnel syndrome. In addition, cervical compression testing produces radicular symptoms into both hands, which may indicate cervical nerve root compression. The Guidelines do recommend both EMG and nerve conduction studies in this case

to delineate whether the patient has carpal tunnel syndrome, cervical radiculopathy, both, or neither. nerve conduction study (NCS) of the right upper extremity is medically necessary.

NERVE CONDUCTION STUDY (NCS) OF THE LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The patient presents with a complicated clinical picture in regard to his upper extremity pain. He has a long history of carpal tunnel syndrome and has had bilateral carpal tunnel release surgery. On physical exam, he presents with bilateral Tinel's sign which may indicate recurrent carpal tunnel syndrome. In addition, cervical compression testing produces radicular symptoms into both hands, which may indicate cervical nerve root compression. The Guidelines do recommend both EMG and nerve conduction studies in this case to delineate whether the patient has carpal tunnel syndrome, cervical radiculopathy, both, or neither. nerve conduction study (NCS) of the left upper extremity is medically necessary.