

<b>Case Number:</b>	CM13-0056975		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Orthopedic Surgery, 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:

The injured worker is a 45-year-old male who was reportedly injured on August 16, 2011. The mechanism of injury was due to repetitive work. A note dated January 6, 2014, recommended reduction of opioid medications. It was also noted that bilateral upper extremity electromyogram/nerve conduction velocity (EMG/NCV) studies noted a median neuropathy of both wrists and ulnar neuropathy of the left elbow. A subsequent visit on March 11, 2014 noted hyperalgesia, allodynia, edema, and hypoesthesia along with trophic skin changes of the bilateral upper extremities. Previous treatment included two EMG studies of the upper extremities, bilateral cubital tunnel and carpal tunnel releases, physical therapy, oral medications, a stellate ganglion block, a spinal cord stimulator and cognitive behavioral therapy. A request had been made for EMG/NCV of the bilateral upper extremities, a functional restoration program consultation and Ambien and was not certified in the pre-authorization process on March 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the bilateral upper extremities:** Upheld

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

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

**Decision rationale:** According to the medical record, the injured employee has already had to electromyogram/nerve conduction velocity (EMG/NCV) studies of the bilateral upper extremities. It is unclear why there is another requested study at this time. Without specific justification, this request for an EMG/NCV of the bilateral upper extremities is not medically necessary.

**Functional Restoration Program consult:** 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 Page(s): 49.

**Decision rationale:** According to the medical record, there was no documentation that the injured employee has any significant limiting functional deficits that would require enrollment in a functional restoration program. Furthermore, it has not been stated that he is or is not a surgical candidate or has exhausted all existing conservative treatment. For these reasons, this request for a functional restoration program consult is not medically necessary.

**30 Ambien CR 12.5mg, 1 every day at bedtime as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ambien.

**Decision rationale:** Ambien is a sedative hypnotic intended for the use of short-term treatment of insomnia. According to the medical record, there was no documentation of the injured employee having insomnia or difficulty sleeping. Without particular justification, this request for Ambien is not medically necessary.