

Case Number:	CM13-0064491		
Date Assigned:	01/03/2014	Date of Injury:	04/11/2013
Decision Date:	03/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 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 patient is a 35-year-old female with a 4/11/13 date of injury. At the time of request for authorization for prescription drug monitoring, EMG bilateral upper extremities, and NCS bilateral upper extremities, there is documentation of subjective (bilateral elbow pain that radiates down the arms with numbness in the arms and bilateral wrist pain radiating into the hands and fingers with numbness and tingling in the hands and loss of grip and strength and difficulty lifting objects) and objective (tenderness of the medial and lateral epicondyle, reduced reflexes for the biceps and absent reflexes in the triceps and brachioradialis bilaterally, tenderness over the radial styloid, positive Finklestein's and Tinel's bilaterally, and positive Phalen's and Durkans) findings, and current diagnoses (overuse syndrome, bilateral upper extremities, medial and lateral epicondylitis, bilateral elbows, cubital tunnel syndrome, bilateral elbows, carpal tunnel syndrome, bilateral wrists, and de Quervain's tendinitis, bilateral wrists). The 5/8/13 medical report indicates that an EMG/NCS of the upper extremities was performed indicating normal EMG/NCS of the upper extremities. The 11/4/13 medical report indicates a recommendation for EMG/NCS of the upper extremities to rule out radiculopathy. There is no documentation of abuse, addiction, or poor pain control in this patient who is under on-going opioid treatment. In addition, there is no documentation of failure of conservative treatment and progressive neurologic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug monitoring: 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): 78.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that abuse, addiction, or poor pain control in a patient under on-going opioid treatment may support the medical necessity of drug monitoring. Within the medical information available for review, there is documentation of diagnoses of overuse syndrome, bilateral upper extremities, medial and lateral epicondylitis, bilateral elbows, cubital tunnel syndrome, bilateral elbows, carpal tunnel syndrome, bilateral wrists, and de Quervain's tendinitis, bilateral wrists. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on the guidelines and a review of the evidence, the requested prescription drug monitoring is not medically necessary or appropriate at this time.

Electromyography (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177 and 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electrodiagnostic studies (EDS)

Decision rationale: The guidelines state that subjective/objective findings consistent with radiculopathy/nerve entrapment that have not responded to conservative treatment support the medical necessity of EMG/NCS. The ODG states that electrodiagnostic studies are recommended (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Nerve conduction studies (NCS) are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In addition, progressive neurologic findings and failure of conservative treatment must be demonstrated for repeat EMG/NCS of the upper extremities. Within the medical information available for review, there is documentation of diagnoses of overuse syndrome, bilateral upper extremities, medial and lateral epicondylitis, bilateral elbows, cubital tunnel syndrome, bilateral elbows, carpal tunnel syndrome, bilateral wrists, and de Quervain's tendinitis, bilateral wrists. In addition, there is documentation of a previous EMG/NCS of the upper extremities performed on 5/8/13. However, there is no documentation of failure of conservative treatment and progressive neurologic findings. Therefore, based on guidelines and a review of the evidence, the requested EMG is not medically necessary at this time.

Nerve conduction study (NCS) of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177 and 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electrodiagnostic studies (EDS)

Decision rationale: The guidelines state that subjective/objective findings consistent with radiculopathy/nerve entrapment that have not responded to conservative treatment support the medical necessity of EMG/NCS. The ODG states that electrodiagnostic studies are recommended (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Nerve conduction studies (NCS) are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In addition, progressive neurologic findings and failure of conservative treatment must be demonstrated for repeat EMG/NCS of the upper extremities. Within the medical information available for review, there is documentation of diagnoses of overuse syndrome, bilateral upper extremities, medial and lateral epicondylitis, bilateral elbows, cubital tunnel syndrome, bilateral elbows, carpal tunnel syndrome, bilateral wrists, and de Quervain's tendinitis, bilateral wrists. In addition, there is documentation of a previous EMG/NCS of the upper extremities performed on 5/8/13. However, there is no documentation of failure of conservative treatment and progressive neurologic findings. Therefore, based on guidelines and a review of the evidence, the requested NCS is not medically necessary at this time.