

Case Number:	CM13-0068122		
Date Assigned:	06/11/2014	Date of Injury:	04/23/2010
Decision Date:	07/31/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/18/2013

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:

The claimant was injured on 04/23/10. Repeat EMG/NCV of the bilateral upper extremities has been requested and is under review. She had an agreed panel QME on 11/05/13. She was status post ketamine infusions. She felt much better and was able to walk and drive. She still had right leg pain. Her right arm function and sleep were better. She had purchased oral ketamine on her own. Her current medications were Nucynta, mirtazapine, alprazolam, and past ketamine infusions. She was in no acute distress. She has a diagnosis of major depressive disorder and insomnia. She was a candidate for spinal cord stimulation. She was prescribed several medications. On 09/19/13, she was seen by [REDACTED] for complex regional pain syndrome. On 04/01/14, she saw [REDACTED]. She was in severe discomfort with right upper extremity allodynia and sensitivity. She had favorable temporary outcomes from ketamine infusions. They helped for several months at a time but the pain returned. She was ready to proceed with spinal cord stimulator. She had discoloration of her fingers and hyperhidrosis of the right hand. She was diagnosed with severe CRPS in the right upper extremity and right thigh ipsilateral spread. There was contralateral spread to the left upper extremity. She is status post left carpal tunnel release and right median nerve release at the elbow and wrist. A percutaneous cervical epidural spinal cord stimulation trial was recommended. On 04/23/14, she was using wrist braces. She had ongoing symptoms and high pain levels. She had depression, anxiety, and difficulty sleeping. She was cleared psychologically for the spinal cord stimulator trial. On 10/23/13, she remained symptomatic. She had right forearm/elbow pain at 4/10, neck pain at 5/10, and left wrist/hand pain at 4/10 with numbness and tingling. An MRI of the cervical spine in 2012 showed multilevel disc protrusions. She also had right pronator syndrome. Authorization for bilateral upper extremity EMG/NCV to rule out peripheral nerve entrapment was recommended. The only objective findings included Jamar testing. That is the only place where I saw mention

of EMG/nerve conduction study. On 10/29/13, she saw [REDACTED] and there were signs of CRPS. There is no mention of EMG/nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Repeat Electromyogram of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The history and documentation do not objectively support the request for a repeat EMG of the upper extremities. The MTUS state EMG may be used to evaluate a patient for carpal tunnel syndrome. In this case, the diagnosis appears to be CRPS and the claimant has been treated for it with some relief. There is no evidence of a new injury or new symptoms or findings for which a repeat study appears to be indicated and it is not clear how the results are likely to change the claimant's course of treatment. The specific indications for this study has not been described and none can be ascertained from the file. The medical necessity of this request has not been clearly demonstrated.

A Repeat Nerve Conduction Velocity Study of the Bilateral Upper Extremities: Upheld

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

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

Decision rationale: The history and documentation do not objectively support the request for a repeat NCV of the upper extremities. The MTUS state NCV may be used to evaluate a patient for carpal tunnel syndrome. In this case, the diagnosis appears to be CRPS and the claimant has been treated for it with some relief. There is no evidence of a new injury or new symptoms or findings for which a repeat study appears to be indicated and it is not clear how the results are likely to change the claimant's course of treatment. The specific indications for this study has not been described and none can be ascertained from the file. The medical necessity of this request has not been clearly demonstrated.