

<b>Case Number:</b>	CM13-0068909		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/08/2011
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 55-year-old male who reported an injury on 07/08/2011. The mechanism of injury was cumulative trauma related to the performance of job duties. The injured worker initially received chiropractic, physical therapy, activity modification, medication, and acupuncture treatment, for complaints of cervical spine and lumbar spine pain. An initial MRI dated 05/02/2012 revealed multilevel disc disease of the cervical spine and lumbar spine. The injured worker also received cervical epidural steroid injections with much success, providing pain relief and decreased medication use for 3 months. The injured worker eventually developed pain that radiated to both upper extremities, resulting in decreased range of motion. The most recent thorough physical examination was performed on 09/25/2013, and revealed decreased range of motion of the cervical spine, full range of motion of the bilateral upper extremities, intact muscle strength throughout, and decreased biceps deep tendon reflexes on the right. He exhibited both negative Tinel's and Phalen's signs bilaterally, decreased lumbar range of motion, and negative orthopedic provocative testing in the lower extremities. However, the clinical note dated 10/31/2013 indicated the injured worker had a positive palmar compression test secondary to a Phalen's maneuver, with reproducible symptomatology in the median nerve distribution. Additionally, this clinical note stated the injured worker had dysesthesias of the L5 and S1 dermatomes; however, the symptoms were not reproducible by any other physician or contained in any other clinical note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONDANSETRON ODT 8MG #0 WITH 2 REFILLS.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Procedure Summary-Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines (ODG), Pain, Antiemetics (For Opioid Nausea).

**Decision rationale:** The Official Disability Guidelines state antiemetic for nausea and vomiting secondary to opioid use is not recommended. Ondansetron in particular is approved for symptoms related to chemotherapy and radiation treatment, as well as for postoperative use. As the clinical information submitted for review did not provide any evidence the injured worker was receiving chemotherapy or radiation, nor was there evidence that a previously requested surgical intervention had been approved, the need for Ondansetron with 2 refills is not indicated. As such, the request is not medically necessary and appropriate.

**EMG (ELECROMYOGRAPHY) BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** ACOEM Guidelines recommend electromyography to identify subtle, focal nerve impairment. The clinical information submitted for review provided minimal evidence of nerve impairment. The medical records provided for review included only 1 clinical note by a single physician, stating the injured worker had dysesthesias in the lower extremities, as well as a positive Tinel's sign and palmar compression test in the bilateral upper extremities. Furthermore, the injured worker already received MRI studies, had no complaints or objective findings of muscle weakness in any other areas than the right biceps muscles. Additionally, there is evidence the injured worker received EMG/NCV in 03/2013 that revealed positive evidence of a mild right carpal tunnel syndrome; however, although an updated right EMG/NCV may be appropriate, there were no left-sided symptoms necessitating a study on that side. As such, the request is not medically necessary and appropriate.

**EMG (ELECROMYOGRAPHY) BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** ACOEM Guidelines recommend electromyography to identify subtle, focal nerve impairment. These tests are generally used prior to imaging, to identify focal nerve impairment or entrapment. The clinical information submitted for review provided minimal evidence of nerve impairment. Furthermore, the injured worker already received MRI studies,

had no complaints or objective findings of muscle weakness in any other areas than the right biceps muscles. Due to the lack of any consistent objective neurological findings in the lower extremities, the request is not medically necessary and appropriate.

**NCV (NERVE CONDUCTION VELOCITY) OF BILATERAL UPPER EXTREMITIES:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** ACOEM Guidelines recommend nerve conduction studies to identify subtle, focal nerve impairment. These tests are generally used prior to imaging, to identify unequivocal evidence of nerve impairment. The clinical information submitted for review provided minimal evidence of nerve impairment. Furthermore, the injured worker already received MRI studies, had no complaints or objective findings of muscle weakness in any other areas than the right biceps muscles. Additionally, there was evidence the injured worker received an EMG/NCV in 03/2013 that revealed positive evidence of a mild right carpal tunnel syndrome. Although an updated right EMG/NCV may be appropriate, there were no left-sided symptoms necessitating a study on that side. As such, the request is not medically necessary and appropriate.

**NCV (NERVE CONDUCTION VELOCITY) BILATERAL LOWER EXTREMITIES:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** ACOEM Guidelines recommend nerve conduction to identify subtle, focal nerve impairment. These tests are generally used prior to imaging, to identify unequivocal evidence of nerve impairment. The clinical information submitted for review provided minimal evidence of nerve impairment. Furthermore, the injured worker already received MRI studies, and had no complaints or objective findings of muscle weakness in any other areas than the right biceps muscles. Additionally, there was evidence the injured worker received an EMG/NCV in 03/2013 that revealed positive evidence of a mild right carpal tunnel syndrome. Due to the lack of any consistent objective neurological findings in the lower extremities, the request for NCV (nerve conduction velocity) in the bilateral lower extremities is not medically necessary and appropriate.