

<b>Case Number:</b>	CM14-0007566		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	07/07/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 46-year-old female who has submitted a claim for De Quervain's Tenosynovitis, left associated with an industrial injury date of July 7, 2013. Medical records from 2013 were reviewed. Patient complained of bilateral wrist pain, graded 5/10 in severity, aggravated by movement. Patient denied weakness, numbness and tingling sensation of the left hand. Physical examination showed tenderness at the left wrist. Range of motion was normal. Motor strength of left biceps, triceps, wrist flexors / extensors was graded 5-/5. Sensation was diminished over the thenar eminence and left C6 dermatome. Phalen's and Tinel's signs were negative. Finkelstein was positive at the left. EMG (electromyography)/NCV (nerve conduction velocity) studies of the left upper extremity, dated August 28, 2013, revealed mild acute C6 radiculopathy on the left. There was no electrodiagnostic evidence of ulnar nerve entrapment, brachial plexopathy or generalized peripheral neuropathy. Urine drug screen from September 19, 2013 showed positive amitriptyline levels. Genetic testing was performed on December 17, 2013 showing that patient is an extensive metabolizer of drugs such as PPIs, anticonvulsants, and antidepressants. Treatment to date has included physical therapy, use of a splint, and medications such as acetaminophen, omeprazole, ibuprofen, Polar Frost, tramadol, and amitriptyline. Reasons for denial in previous utilization review was not made available in the records submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medication includes antidepressant and opioid. Urine drug screen from September 19, 2013 showed consistent results with the prescribed medications. There is no clear indication for a repeat urine drug screen at this time. Aberrant drug behavior was not noted to warrant repeat testing. Therefore, the request for urine drug screen is not medically necessary or appropriate.

**Genetic testing for narcotic risk:** Upheld

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

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

**Decision rationale:** The CA MTUS does not address the topic on genetic testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that genetic testing for potential narcotic abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. There was no documented rationale for this request. Moreover, genetic testing was already performed on December 17, 2013 showing that patient is an extensive metabolizer of drugs such as PPIs, anticonvulsants, and antidepressants. There is no clear indication for a repeat testing at this time. Therefore, the request for genetic testing for narcotic risk is not medically necessary or appropriate.

**Topical compounds (name of medication, dosage and quantity unspecified):** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. However, the present request failed to specify the topical compounded product. The request is incomplete; therefore, the request for topical compounds (name of medication ,dosage and quantity unspecified) is not medically necessary or appropriate.

**Oral medications (name of medication, dosage and quantity unspecified):** Upheld

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

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

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. It states that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. However, the present request failed to specify the name, dosage, frequency of intake, and quantity of medications to be dispensed. The request is incomplete; therefore, the request for oral medications (name of medication ,dosage and quantity unspecified) is not medically necessary or appropriate.

**Electromyography (EMG) left upper extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

**Decision rationale:** The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of left wrist pain. Patient denied weakness, numbness and tingling sensation of the left hand. Physical examination showed slightly weak left upper extremity muscles graded 5-/5, and diminished sensation over the thenar eminence and left C6 dermatome. Phalen's and Tinel's signs were negative. Objective findings indicate radiculopathy. However, EMG/NCV of left upper extremity was already accomplished on 08/28/2013 revealing mild acute C6 radiculopathy on the left. There was no electrodiagnostic evidence of ulnar nerve entrapment, brachial plexopathy or generalized peripheral neuropathy. There is no clear

indication for a repeat testing at this time. Therefore, the request for EMG of the left upper extremity is not medically necessary or appropriate.

**Electromyography (EMG) right upper extremity: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

**Decision rationale:** CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of right wrist pain. Patient denied weakness, numbness or tingling sensation. Significant physical examination of the right upper extremity only showed +4 reflexes. Strength and sensory exam were normal. Clinical manifestations were not compatible with radiculopathy. There is no clear indication for this request. Therefore, the request for EMG of the right upper extremity is not medically necessary or appropriate.

**Nerve Conducting Velocity (NCV) left upper extremity: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies.

**Decision rationale:** The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. In this case, patient complained of left wrist pain. Patient denied weakness, numbness and tingling sensation of the left hand. Physical examination showed slightly weak left upper extremity muscles graded 5-/5, and diminished sensation over the thenar eminence and left C6 dermatome. Phalen's and Tinel's signs were negative. Objective findings indicate radiculopathy. However, EMG/NCV of left upper extremity was already accomplished on August 28, 2013 revealing mild acute C6 radiculopathy on the left. There was no electrodiagnostic evidence of ulnar nerve entrapment, brachial plexopathy or generalized peripheral neuropathy. There is no clear indication for a repeat testing at this time. Therefore, the request for NCV of the left upper extremity is not medically necessary.

**Nerve Conducting Velocity (NCV) right upper extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies.

**Decision rationale:** The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. In this case, patient complained of right wrist pain. Patient denied weakness, numbness or tingling sensation. Significant physical examination of the right upper extremity only showed +4 reflexes. Strength and sensory exam were normal. Clinical manifestations were not compatible with neuropathy. There is no clear indication for this request. Therefore, the request for NCV of the right upper extremity is not medically necessary or appropriate.

**Electromyography (EMG) left lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines , Second Edition (update 11/30/2007), Chapter 12, Low Back , page 61.

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

**Decision rationale:** According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, there were no subjective complaints or objective findings pertaining to bilateral lower extremities. There is no clear indication for this request. Therefore, the request for electromyography (EMG) of the left lower extremity is not medically necessary or appropriate.

**Electromyography (EMG) right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines , Second Edition (update 11/30/2007), Chapter 12, Low Back , page 61.

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

**Decision rationale:** According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, there were no subjective complaints or objective findings pertaining to bilateral lower extremities. There is no clear indication for this request. Therefore, the request for electromyography (EMG) of the right lower extremity is not medically necessary or appropriate.

**Nerve Conducting Velocity (NCV) left lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 12 (LOW BACK COMPLAINTS), PAGE 61.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS).

**Decision rationale:** The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, there were no subjective complaints or objective findings pertaining to bilateral lower extremities. There is no clear indication for this request. Therefore, the request for NCV of the left lower extremity is not medically necessary or appropriate.

**Nerve Conducting Velocity (NCV) right lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 12 (LOW BACK COMPLAINTS), PAGE 61.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS).

**Decision rationale:** The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve

conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, there were no subjective complaints or objective findings pertaining to bilateral lower extremities. There is no clear indication for this request. Therefore, the request for NCV of the right lower extremity is not medically necessary or appropriate.

**Interferential (IF) unit (purchase or rental unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one-month trial should be done given that the patient's pain is ineffectively controlled by medications, or unresponsive to conservative measures. In this case, patient underwent a course of physical therapy however, without noted improvement. Interferential current stimulation is a reasonable option at this time; however, there is no evidence that patient is actively participating in a home exercise program at present, which is a necessary adjunct for interferential unit use. Moreover, the request failed to specify the duration of treatment and body part to be treated. Therefore, the request for an IF unit (purchase or rental unspecified ) is not medically necessary or appropriate.

**H-Wave unit (purchase or rental unspecified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, H-Wave Stimulation, page 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Page(s): 117-118.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a trial may be considered as a non-invasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS (transcutaneous electrical nerve stimulation) for analgesic effects. In this case, patient underwent a course of physical therapy however, without noted improvement. There is no previous trial of TENS therapy, which may warrant H-wave use at present. Moreover, there is no evidence that patient is actively participating in a home exercise program at present, which is a necessary adjunct for H-wave use. Moreover, the request failed to specify the duration of treatment and body part to be treated. Therefore, the request for H-Wave unit (purchase or rental unspecified) is not medically necessary or appropriate.

**X-Rays of lumbar spine, flexion and extension views:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines states that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, there were no subjective complaints or objective findings pertaining to the lumbar spine. There is no clear indication for this request. There is likewise no trauma or injury to the spine to warrant imaging. Therefore, the request for X-Rays of lumbar spine, flexion and extension views, is not medically necessary or appropriate.