

Case Number:	CM14-0100886		
Date Assigned:	07/30/2014	Date of Injury:	02/28/2012
Decision Date:	09/19/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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:

The patient is a 57-year-old female who has submitted a claim for pain in joint of hand and tenosynovitis of hand and wrist associated with an industrial injury date of 02/28/2012. Medical records from 05/08/2013 to 06/04/2014 were reviewed and showed that patient complained of right upper extremity pain graded 2/10 radiating down the right elbow . Quality of sleep was noted to be poor (06/04/2014). Physical examination revealed tenderness to palpation over the right proximal and distal interphalangeal joint of thumb. Finkelstein's test was positive. MMT of finger extensor was 5/5. EMG/NCV of upper extremities dated 01/20/2014 revealed moderate right median nerve neuropathy. Treatment to date has included Valium 10mg (prescribed since 07/23/2013), Naproxen, Restorin, Wellburrin, Trazodone, and Percocet. Utilization review dated 06/04/2014 modified the request for Valium 10mg #30 to Valium 10mg #20 because it appeared the drug has been in long-term use. Utilization review dated 06/04/2014 denied the request for EMG/NCV of bilateral upper extremities because a repeat EMG is not necessary as previous EMG was already done on 01/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium Tablets 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, patient was prescribed Valium 10mg since 07/23/2013. However, there was still complaint of poor sleep quality with Valium use (06/04/2014). Furthermore, the long-term use of Valium is not in conjunction with guidelines recommendation of benzodiazepines use no greater than 4 weeks. The request likewise failed to specify the quantity of Valium to be dispensed. Therefore, the request for Valium Tablets 10mg is not medically necessary.

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 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, patient complained of right upper extremity pain graded 2/10 radiating down the right elbow. Physical examination revealed positive Finkelstein's test and normal MMT of finger extensor with no documentation of DTRs and sensation of upper extremities. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support EMG study. Of note, EMG/NCV study of upper extremities was done on 01/20/2014 with results of right median nerve neuropathy. It is unclear as to why a repeat EMG is needed. Therefore, the request for EMG Right Upper Extremity is not medically necessary.

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 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, complete subjective and objective left upper extremity evaluation was not made available. Thus, there is no evidence of with a focal neurologic deficit to support EMG study. Of

note, EMG/NCV study of upper extremities was done on 01/20/2014 with results of right median nerve neuropathy. It is unclear as to why a repeat EMG is needed. Therefore, the request for EMG Left Upper Extremity is not medically necessary.

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 (ODG) Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: CA MTUS ACOEM 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. A published study entitled "Nerve Conduction Studies in Polyneuropathy" cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of right upper extremity pain graded 2/10 radiating down the right elbow. Physical examination revealed positive Finkelstein's test and normal MMT of finger extensor with no documentation of DTRs and sensation of upper extremities. NCV is a reasonable option for the patient who presents with symptoms of neuropathy. However, EMG/NCV study of upper extremities was done on 01/20/2014 with results of right median nerve neuropathy. It is unclear as to why a repeat NCV is needed. Therefore, the request for NCV Right Upper Extremity is not medically necessary.

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 Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and.

Decision rationale: CA MTUS ACOEM 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,

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