Case Number:	CM14-0014484		
Date Assigned:	02/26/2014	**Date of Injury:**	01/27/2008
Decision Date:	08/07/2014	**UR Denial Date:**	01/29/2014
Priority:	Standard	**Application Received:**	02/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 48-year-old female who has filed a claim for left upper extremity complex regional pain syndrome associated with an industrial injury date of January 27, 2006. The review of progress notes indicates significant improvement with the functional restoration program, with improved mood, strength, and exercise tolerance. There was headaches, neck pain, and left upper extremity pain. The patient reports pain, numbness, and tingling in the left upper extremity radiating to the fingers, with burning pain at the base of the left index and little fingers. The findings include slightly decreased left grip strength, pain in the left scaphoid and ulnar region with Finkelstein maneuver, and tenderness over the left lateral epicondyle. The patient suffers from adjustment disorder with anxiety and depression and does not mind dying early. The treatment to date has included physical therapy, topical analgesics, non-steroidal anti-inflammatory drugs, Lyrica, Abilify, antidepressants, opioids, functional restoration program, and surgery to the left hand in February 2006.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of The Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), chapter 10: Elbow Disorders, page 238 and on the Official Disability Guidelines (ODG), Neck and Upper Back chapter: Electromyography (EMG).

Decision rationale: The criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The ODG states that electromyography findings may not be predictive of surgical outcome and cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. An EMG may be helpful for patients with double crush phenomenon, possible metabolic pathology such as with diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. This patient does not present with complaints or findings referable to the right upper extremity to support the request for electrodiagnostic testing. Therefore, the request for EMG right upper extremity was not medically necessary.

Nerve Conduction Study (NCS) of The Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), chapter 10: Elbow Disorders, page 238 and on the Non-MTUS Official Disability Guidelines (ODG), Neck and Upper Back chapter: Nerve Conduction Studies (NCS).

Decision rationale: The criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The ODG states that nerve conduction studies are not recommended to demonstrate radiculopathy if it has already been clearly identified by EMG and obvious clinical signs. It is recommended if EMG does not show clear radiculopathy, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if the diagnosis may be likely based on the clinical exam. This patient does not present with complaints or findings referable to the right upper extremity to support the request for electrodiagnostic testing. Therefore, the request for NCS right upper extremity was not medically necessary.

Electromyography (EMG) of The Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), chapter 10: Elbow Disorders, page 238 and on the Non-MTUS Official Disability Guidelines (ODG), Neck and Upper Back chapter: Electromyography (EMG).

Decision rationale: The criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The ODG states that electromyography findings may not be predictive of surgical outcome and cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. An EMG may be helpful for patients with double crush phenomenon, possible metabolic pathology such as with diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. In this case, the patient presents with a history and findings consistent with complex regional pain syndrome of the left upper extremity. There is no indication for eletrodiagnostic testing at this time as the patient has had an extensive assessment prior to starting functional restoration program, and there are no new-onset signs and symptoms to suggest radiculopathy or nerve entrapment. Therefore, the request for EMG left upper extremity was not medically necessary.

Nerve Conduction Study (NCS) of The Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), chapter 10: Elbow Disorders, page 238 and on the Non-MTUS Official Disability Guidelines (ODG), Neck and Upper Back chapter: Nerve Conduction Studies (NCS).

Decision rationale: The criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The ODG states that nerve conduction studies are not recommended to demonstrate radiculopathy if it has already been clearly identified by EMG and obvious clinical signs. It is recommended if EMG does not show clear radiculopathy, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if the diagnosis may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when symptoms are presumed to be due to radiculopathy. In this case, the patient presents with a history and findings consistent with complex regional pain syndrome of the left upper extremity. There is no indication for eletrodiagnostic testing at this time as the patient has had an extensive assessment prior to starting functional restoration program, and there are no new-onset signs and symptoms to suggest radiculopathy or nerve entrapment. Therefore, the request for NCS left upper extremity was not medically necessary.

Evaluation and Treat with Psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by the CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A report from January 2014 indicated that the patient appeared depressed, anxious, and resigned; and reports passive suicidal thinking without intent or plan. The patient has significantly improved from previous behavioral medicine report prior to functional restoration program. As the patient is enrolled in another course of functional restoration program, the patient's psychological and behavioral aspect will also be addressed. There is no documentation regarding the patient's post- functional restoration program condition to support this request. Therefore, the request for evaluation and treatment with psychiatrist was not medically necessary.