

<b>Case Number:</b>	CM14-0112361		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/29/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Neurologist and is licensed to practice in Texas, Massachusetts, and Ohio. 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 44-year-old male who reported an injury on 12/29/2013. The mechanism of injury was being hit in the head by a 7 foot antenna that knocked him down. The diagnoses included status post left wrist fracture, status post severe bilateral shoulder glenohumeral joint arthritis, lumbar spine strain, cervical spine strain, cephalgia, depression, anxiety, sleep difficulty, radiculopathy of the bilateral shoulders. The previous treatments included medication, physical therapy and MRI of the lumbar spine. Within the clinical note dated 07/01/2014, it was reported the injured worker complained of left wrist pain. He described the pain as stabbing and sharp. The injured worker complained of constant low back pain. He reported the pain increases with walking. He reported intermittent pain to the bilateral shoulders. He complains of migraine headaches. Upon the physical examination the provider noted spasms were present in the cervical spine. There was tenderness to palpation of the trapezius musculature present. The provider noted on the bilateral ankle and left foot examination the range of motion was normal and there was no tenderness to palpation. The request submitted is for an EMG of the bilateral upper extremities, NCV upper extremities, pain management consult, EMG/NCV to the lower extremities and x-ray of the left wrist, x-ray of the lumbar spine and an MRI of the left wrist. However, a rationale was not submitted for clinical review. The request for authorization was submitted and dated 07/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Carpal Tunnel Syndrome (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request for an EMG of the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines recommend electromyography in cases of peripheral nerve impingement. If not improvement or worsening has occurred within 4 to 6 weeks electrical studies may be indicated. The guidelines also recommend the documentation of failure of conservative treatment. There is lack of documentation of significant neurological deficits, such as decreased sensation, motor strength in a specific dermatomal distribution. Additionally, there was lack of failure of conservative therapy. Therefore, the request is not medically necessary.

**Nerve Conduction Study (NCS) of the Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Carpal Tunnel Syndrome (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** The request for nerve conduction study in the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines note nerve conduction studies are recommended for median or ulnar impingement at the wrist after failure of conservative treatment. Nerve conduction study is not recommended in diagnostic evaluation of nerve entrapment or screening in patients without symptoms. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Additionally, there is lack of clinical documentation indicating the injured worker tried and failed conservative therapy. Therefore, the request is not medically necessary.

**Pain Management Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

**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), updated guidelines, Chapter 6, page 163.

**Decision rationale:** The request for 1 pain management consult is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in the assessing, the diagnosis, prognosis, therapeutic management and determination of medical stability and a permanent residual loss and/or examinee's fitness to return to work. There is lack of clinical documentation warranting the medical necessity for the request. The provider's rationale was not submitted for clinical review. Therefore, the request Pain Management Consult is not medically necessary.

#### **Electromyography (EMG) of the Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (acute & chronic)

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

**Decision rationale:** The request for EMG of the bilateral lower extremities is not medically necessary. The California MTUS Guidelines note an EMG study is useful to assess in the identification of neurological dysfunction in patients with low back symptoms when neurological findings are unclear. The guidelines also recommend the failure of conservative therapy. There is lack of significant neurological deficits such as decreased sensation or muscle strength in a specific dermatomal or myotomal distribution. Additionally, there was lack of clinical documentation indicating the injured worker tried and failed conservative therapy. Therefore, the request is not medically necessary.

#### **Nerve Conduction Study (NCS) of the Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (acute & chronic)

**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, Nerve Conduction Studies.

**Decision rationale:** The request for nerve conduction study of the lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines do not recommended nerve conduction studies as there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Additionally, there is lack of clinical documentation indicating the injured worker tried and failed conservative therapy. Therefore, the request is not medically necessary.

#### **One X-Ray of The Left Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-268.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** The request for 1 x-ray of the left wrist is not medically necessary. The California MTUS/ACOEM Guidelines recommend x-ray plain films for suspected scaphoid fractures, repeat films in some scenarios would be recommended, which when used for evaluation of forearm, wrist, hand x-rays are not recommended. There is lack of documentation warranting the medical necessity for the request. There is lack of documentation indicating the injured worker has a suspected fracture in the left wrist. Therefore, the request is not medically necessary.

#### **One X-Ray of The Lumbar Spine: 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): 308-310.

**Decision rationale:** The request for 1 x-ray to the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines recommend x-rays when red flags for fractures are present or red flags for cancer or infection are present. The guidelines do not recommended routine use during the first month of symptoms in the absence of red flags. There is lack of documentation warranting the medical necessity for the request. Additionally, there is lack of significant clinical documentation indicating the injured worker had a suspicion of red flag diagnosis for a fracture or cancer. Therefore, the request is not medically necessary.

#### **Magnetic Resonance Imaging (MRI) of the Left Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 61.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** The request for 1 MRI of the left wrist is not medically necessary. The California MTUS/ACOEM Guidelines note MRIs are recommended for the diagnoses or the suspicion of carpal tunnel or infection of the wrist or acute trauma. The guidelines also recommend the failure of conservative treatment. There is lack of clinical documentation warranting the medical necessity of the request. There is no indication the injured worker had carpal tunnel or infection of the wrist. Additionally, there is lack of documentation indicating

the injured worker had failed conservative therapy. Therefore, the request is not medically necessary.