

<b>Case Number:</b>	CM14-0137646		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 51 year old female with an original industrial injury on 11/29/2010. The diagnoses include carpal tunnel syndrome, cervicgia, depression, and lateral epicondylitis. The disputed issues are a request for bilateral electrodiagnostic studies and tizanidine. The utilization review process had modified the request for electrodiagnostic studies to include only the left upper extremity, where the patient noted symptoms. The tizanidine was modified to allow #20 pills because there was "no explicit documentation of spasm relief from use of this medication."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG 9electromyography) of the bilateral upper extremities:** Overturned

**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, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273; 177-178.

**Decision rationale:** The utilization review process had modified the request for electrodiagnostic studies to include only the left upper extremity, where the patient noted symptoms. However, to the contrary, the patient was noted to subjectively complain of right hand and the "beginning of numbness/tingling" on July 29, 2014. The right handgrip is

documented as only 3/5, indicating motor weakness on this same date. Given the suggestion of neurologic compromise, an electrodiagnostic study is indicated for the right upper extremity. Since the patient has concomitant cervicalgia, a radicular process can be effectively ruled in or ruled out by electromyography.

**NCS (nerve conduction study) of the bilateral upper extremities:** Overturned

**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): 271-273.

**Decision rationale:** The utilization review process had modified the request for electrodiagnostic studies to include only the left upper extremity, where the patient noted symptoms. However, to the contrary, the patient was noted to subjectively complain of right hand and the "beginning of numbness/tingling" on July 29, 2014. The right handgrip is documented as only 3/5, indicating motor weakness on this same date. Given the suggestion of neurologic compromise, a nerve conduction study is indicated for the right upper extremity. This can identify focal entrapment neuropathy of the radial, median, and ulnar nerves, which can potentially explain the motor weakness.

**Tizandine 4 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section, Antispasmodics Page(s): 63 - 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Section, Page(s): 63-66.

**Decision rationale:** The submitted records contain insufficient documentation of the clinical efficacy of tizanidine as well as the frequency that the patient actually takes this on average. There is documentation of spasm and failure of previously tried Flexeril, but due to the lack of documentation this request is not medically necessary.

**Zanaflex 4 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section, Antispasmodics Page(s): 63 - 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Section, Page(s): 63-66.

**Decision rationale:** The submitted records contain insufficient documentation of the clinical efficacy of tizanidine as well as the frequency that the patient actually takes this on average.

There is documentation of spasm and failure of previously tried Flexeril, but due to the lack of documentation this request is not medically necessary.