

<b>Case Number:</b>	CM14-0020430		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	08/17/2004
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 53-year-old woman who sustained a work-related injury on August 17, 2004. Subsequently, she developed with chronic back and neck pain as well as myofascial pain. The patient underwent right carpal tunnel release on 2011, surgical left ankle and arthroscopic surgery of the right shoulder. According to a note dated on December 4 2013, the patient was complaining of numbness in both hands and pain in the left knee. The patient reported weakness in her right hand over the last 6 month as and has been dropping objects because of decrease in grip strength. She also reported chronic lower back pain is slightly irritated from 6-8/10. Her physical examination demonstrated the myofascial pain, decreased range of motion of the right wrist, decreased sensation to pinprick care in the right hand and decreased grip in the right. Her sensation was increased in the first second and third digits in the right hand. The patient has another evaluation on March 26, 2014. The findings are similar to the previous evaluation except for the report of upper and lower back pain from lumbar tenderness and reduced range of motion The patient was treated to with Vicodin Ultram, Ambien and physical therapy. The patient underwent a nerve conduction study and EMG of both upper extremities on March 25, 2013 which demonstrated bilateral and severe carpal tunnel syndrome. The patient was diagnosed with chronic myofascial syndrome, lumbosacral radiculopathy, status post surgery for the right carpal tunnel syndrome, status post surgery of the left ankle, status post surgery of the right shoulder and major depression. The patient was treated with pain medications. However the duration of the treatment for each medication is clear. Ultram was prescribed at least since December 2013, however a subsequent urine drug screen performed on March 26 2014 did not show any trace of opioids. The provider request authorization to use tramadol, to perform an EMG and nerve conduction study of both upper extremities, to use aqua therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 EMG FOR THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 178.

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

**Decision rationale:** According to MTUS guidelines, electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. An EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain and back pain (page 179). The patient underwent nerve conduction study and EMG/NCV on March 25, 2013 which demonstrated the bilateral carpal tunnel syndrome. Since that time, there is no clear documentation of clinical change in the patient's condition that support another EMG/NCV testing. Therefore, the request for Electromyography (EMG) of Bilateral Upper Extremities is not medically necessary.

### **1 NCV FOR THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to MTUS guidelines, when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). The patient underwent nerve conduction study and EMG/NCV on March 25, 2013 which demonstrated the bilateral carpal tunnel syndrome. Since that time, there is no clear documentation of clinical change in the patient's condition that support another EMG/NCV

testing. Therefore, the request for NCV of Bilateral Upper Extremities is not medically necessary.

**AQUATIC THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** There no clear evidence that the patient is obese or need have difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. There is no documentation for a clear benefit expected from Aquatic therapy. Therefore the prescription of aquatic therapy is not medically necessary.

**1 GYM MEMBERSHIP OR ████████:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 - Lumbar & Thoracic (Acute & Chronic), Gym memberships ([http://www.worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm#SPECT](http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT)).

**Decision rationale:** According to ODG guidelines, Gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The request does not address who will be monitoring the patient Gym attendance and functional improvement. In addition, there is no clear documentation of the failure of supervised home exercise program or the need for specific equipment that is only available in Gym. Therefore, the request for one (1) gym membership is not medically necessary.

**ULTRAM 50MG #60 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There no clear documentation of the efficacy/safety of previous use of opioids. There is no recent evidence of objective monitoring of compliance of the patient with his medications. A urine drug screen performed on March 2014 was negative of opioids and raising concern about the patient compliance. Therefore, the prescription of Ultram 50 mg#60 is not medically necessary at this time.