

<b>Case Number:</b>	CM14-0028652		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/01/2005
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 55-year-old female with a reported date of injury on 02/01/2005. The mechanism of injury was not submitted within the medical records. Her previous treatments were noted to include chiropractic therapy, medications, lumbar injection, and surgery. Her diagnoses were noted to include cervical sprain, mid back sprain, bilateral carpal tunnel syndrome, triangular fibrocartilage complex ligament tear along with radial attachment, and low back pain with facet wear noted. The progress note dated 04/30/2014 reported that the injured worker had a nerve conduction study in 2011 showing entrapment that persisted in both hands and more on the right operative side and the left where she had nothing done. The provider reported nerve studies were obtained in 05/2012 and showed possible L5 radiculopathy bilaterally. The physical examination performed showed tenderness along the carpal tunnel area and Tinel's was noted as well as positive Phalen's and reverse Phalen's noted on the right side. The provider reported tenderness along the wrist joint was noted. The progress note dated 02/26/2014 reported a surgery of the right wrist for carpal tunnel release was done on 09/24/2012. The request for authorization form dated 01/22/2014 is for an electromyography of the bilateral upper and lower extremities for evaluation of frequent numbness and tingling in the fingers. The request for authorization form dated 10/09/2013 is for pain management for a repeat injection to the low back with no response. The request for authorization form for nerve conduction studies to the bilateral upper and lower extremities was not submitted within the medical records and the provider's rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management referral: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7 Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The injured worker has daily pain that ranges from 5/10 to 7-8/10. The Chronic Pain Medical Treatment Guidelines state consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The ACOEM Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produced mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. There was a lack of documentation regarding efficacy of the previous facet injection to warrant a pain management doctor for a repeat injection. The guidelines state there is a lack of literature regarding having the same procedure in the lumbar region. Therefore, due to the lack of efficacy regarding a previous facet injection and the guidelines do not recommend repeat injections, a pain management referral is not medically necessary.

**EMG, bilateral upper extremities: Upheld**

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

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

**Decision rationale:** The injured worker has had previous nerve conduction studies to the upper extremities in 2011. The ACOEM guidelines state that electromyography/nerve conduction velocity studies are used to identify and define carpal tunnel syndrome. The injured worker has received previous nerve conduction studies and has been diagnosed with carpal tunnel syndrome leading to a release performed on the right wrist. The injured worker refused surgery to the left wrist, despite the same diagnosis. Therefore, an EMG of the bilateral upper extremities is not medically necessary.

**NCV, bilateral upper extremities: Upheld**

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

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

**Decision rationale:** The injured worker has had previous nerve conduction velocities performed to the bilateral upper extremities in 2011, resulting in a carpal tunnel release to the right wrist and nothing to the left wrist. The ACOEM guidelines state that electromyography/nerve conduction velocity studies are used to identify and define carpal tunnel syndrome. The injured worker a diagnosis of bilateral carpal tunnel syndrome and has had release surgery to the right wrist. A nerve conduction velocity study is not warranted. Therefore, the request for an NCV of the bilateral upper extremities is not medically necessary.

**EMG, bilateral lower extremities:** 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): 303-305.

**Decision rationale:** The injured worker has complained of low back pain. The ACOEM guidelines state that electromyography is used to identify and define a disc protrusion, cauda equina syndrome, spinal stenosis, and post-laminectomy syndrome. The injured worker has not had previous surgery on her lower back but has already had a previous MRI. An MRI of the low back in 10/2012 showed disc protrusion at the L5-S1. Based upon review of the records, an electromyography of the bilateral lower extremities is not warranted. Therefore, the request for an EMG of the bilateral lower extremities is not medically necessary.

**NCV, bilateral lower extremities:** 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): 303-305.

**Decision rationale:** The injured worker has had a previous MRI to the lumbar spine. The ACOEM guidelines do not recommend nerve conduction studies for the lumbar spine. The ODG recommends nerve conduction studies for injured workers with clinical signs of carpal tunnel syndrome who may be a candidate for surgery. Based upon review of the records, the need for a nerve conduction velocity of the bilateral lower extremities is not warranted. Therefore, the request for an NCV of the bilateral lower extremities is not medically necessary.