

Case Number:	CM14-0043539		
Date Assigned:	07/02/2014	Date of Injury:	01/03/2005
Decision Date:	08/15/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/10/2014

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 Family Medicine and is licensed to practice in new Jersey. 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 worker is a 66 year old female who was injured on leading up to 3/29/13. During the period of time leading up to this date, she experienced pain in her neck, upper back, bilateral shoulder, and bilateral wrists. Later, she was diagnosed with carpal tunnel syndrome and bilateral wrist arthritis, but was followed by left wrist surgery (2005?) and right wrist surgery (2006?). Massage therapy was also used to help relieve her pain. Treatment initially was oral analgesic medications and physical therapy. She was diagnosed with rule out brachial neuritis or radiculitis. This was determined after a visit with a pain specialist on 10/31/13, who reported the worker complaining of intermittent neck pain which radiated to the worker's upper extremities with a pain level at 4/10 on the pain scale. Physical examination revealed decreased range of motion of the cervical spine. There was no neurological examination was documented. The worker was then recommended she get an electromyography and nerve conduction velocity (EMG/NCV) of the upper extremity and a cervical MRI to help confirm radiculopathy, and she was also recommended she take muscle relaxants, opioids, and topical analgesics. Later, on 1/23/14, the worker was seen by the same physician and the physical examination revealed decreased cervical motion, cervical muscle spasms, and decreased left upper extremity sensation of the C8 dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Bilateral Upper Extremities: Upheld

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 Page(s): 177-178.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that for most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 periods (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, initially the documentation of the physical examination on 10/31/13 was incomplete, making it difficult to determine if further testing was needed in order to confirm the diagnosis of cervical radiculopathy. However, follow-up physical examination (from 1/23/14) provided enough objective evidence of cervical radiculopathy that the EMG and NCV would not be necessary. Without any documented explanation by the requesting physician that might make this case and exception, the EMG and NCV upper extremity testing are both not medically necessary.

Nerve conduction velocity (NCV) Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that for most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 periods (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, initially the documentation of the physical examination on 10/31/13 was incomplete, making it difficult to determine if further testing was needed in order to confirm the diagnosis of cervical radiculopathy. However, follow-up physical examination (from 1/23/14) provided enough objective evidence of cervical radiculopathy that the EMG and NCV would not be necessary. Without any documented explanation by the requesting physician that might make this case and exception, the EMG and NCV upper extremity testing are both not medically necessary.

Retrospective Urine Drug Screen DOS 01/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43,77,78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was no documented evidence of any of these factors that might justify drug screening. Without any documented explanation from the requesting physician as to why this case would be an exception, the Urine Drug Screen DOS 01/23/2014 is not medically necessary.