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| Case Number: | CM15-0142863 | | |
| Date Assigned: | 08/03/2015 | Date of Injury: | 07/18/2013 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 07/16/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 42 year old male, who sustained an industrial injury on 7-18-13. The injured worker has complaints of low back; neck; bilateral shoulder and bilateral wrist pain. There is tenderness to palpation of the cervical and lumbar paravertebral muscles and there is muscle spasm of the cervical and lumbar paravertebral muscles. Bilateral shoulder examination revealed tenderness to palpation acromioclavicular (AC) joint and bilateral wrist has tenderness to palpation at the dorsal wrist. The diagnoses have included cervical myofascitis; cervical sprain and strain and lumbar disc protrusion. Treatment to date has included tramadol; injections and magnetic resonance imaging (MRI) of the lumbar spine showed L5-S1 (sacroiliac) a 3.3 millimeter disc protrusion. The request was for electromyography/nerve conduction velocity study for cervical spine, left and right wrist and urine analysis testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for cervical spine, left and right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178 and 261.

Decision rationale: EMG/NCV for cervical spine, left and right wrist is not medically necessary per the MTUS Guidelines. The MTUS ACOEM guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. 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. The documentation indicates that the patient has had prior electrodiagnostic testing that revealed radiculopathy. The documentation indicates that the patient was diagnosed with carpal tunnel syndrome in the past. The documentation does not reveal objective documentation of these EMG/NCS studies from the past for review. The documentation is not clear on how this test will change the medical management of this patient therefore this request is not medically necessary.

Urine analysis testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Urine drug testing (UDT).

Decision rationale: Urine analysis testing is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The documentation does not reveal that the patient is on opioids therefore this test is not medically necessary.