Case Number:	CM15-0184288		
Date Assigned:	09/24/2015	Date of Injury:	08/24/2014
Decision Date:	11/18/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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: Tennessee, Florida, Ohio
Certification(s)/Specialty: Surgery, Surgical Critical Care

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 50 year old male, who sustained an industrial injury on 8-24-2014. The injured worker was diagnosed as having complex regional pain syndrome, cubital tunnel syndrome, and neuropathy upper extremity. Treatment to date has included diagnostics, surgery on 1-08-2015, physical therapy (at least 19 sessions to 6-04-2015, noting "minimal progress if any") and medications. On 8-12-2015, the injured worker complains of left upper extremity pain, numbness and stiffness, and right hand numbness and pain. He had "minimal function" of the left upper extremity, limited by motion and pain. He had persistent numbness and tingling, primarily of the left ring and small finger. He also complained of progressive right hand numbness affecting the ulnar digits, as well as pain, which radiated proximally. He felt that symptoms of the right upper extremity were similar to what developed in the left upper extremity. Right upper extremity complaints were not documented on previous exam 7-08-2015. It was documented that magnetic resonance imaging of the left elbow last month revealed "no evidence of abnormal compression in the area of the ulnar nerve". He was not taking any pain medication currently. Urine toxicology (8-12-2015) was consistent with acetaminophen use. A review of symptoms was "unchanged since last visit". Exam of the upper extremities revealed a well healed surgical scar to the medial aspect of the left elbow, trophic changes throughout the left upper extremity consistent with complex regional pain syndrome, diffuse skin hypersensitivity throughout the left upper extremity, tenderness to the medial aspect of the left elbow, supple motion of all joints in the right upper extremity, "significant restricted motion diffusely throughout the left upper extremity including the left shoulder, elbow, and hand", "diminished sensibility throughout the

ulnar digits bilaterally", and positive Tinel's sign at the medial aspect of the right elbow. Further diagnostics were recommended to evaluate for presumed cubital tunnel syndrome of the right upper extremity and to evaluate the status of the left elbow ulnar nerve. Work status was total temporary disability. An "Initial Evaluation" pain management progress report dated 7-23-2015, noted complaints of bilateral elbow and hand pain, rated 5 out of 10, noting that daily use of Norco helps daily pain to be tolerable. The quality of pain was described as constant, burning, electric, numbness, and tingling. Failed treatments were documented as acupuncture, chiropractor, epidurals, home exercise, hypnosis, intraspinal pump, physical therapy, surgery, trigger point injections, biofeedback, spinal cord stimulator, and heat. Failed medications were documented as Advil, Aleve, Celebrex, Ibuprofen, Mobic, Actiq, Darvocet, Demerol, Morphine, Norco, Flexeril, Soma, Zanaflex, Ultram ER, Ultram, Oxy IR, Percocet, Percodan, Roxicodone, and Hydrocodone. The recommendation was for stellate ganglion nerve block series. The request for authorization dated 8-13-2015 included electromyogram and nerve conduction studies of the bilateral upper extremities, non-certified by Utilization Review on 8-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of EMG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states "EMG is not recommended if radiculopathy is already clinically obvious." Additionally, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends EMG testing only for medical indicated conditions; not for screening. EMG is further recommended after conservative therapy measures have failed. This patient has clinical symptoms of chronic pain syndrome. MRI imaging has been non-diagnostic with no evidence of nerve compression. To date, the patient's sensory changes in the arm have not been treated conservative bracing. Therefore, based on the submitted medical documentation, the request for left upper extremity EMG testing is not medically necessary.

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of EMG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states "EMG is not recommended if radiculopathy is already clinically obvious." Additionally, the American Association of Neuromuscular & Electrodiagnostic Medicine

(AANEM) recommends EMG testing only for medical indicated conditions; not for screening. EMG is further recommended after conservative therapy measures have failed. This patient has clinical symptoms of chronic pain syndrome. MRI imaging has been non-diagnostic with no evidence of nerve compression. To date, the patient's sensory changes in the arm have not been treated conservative bracing. Therefore, based on the submitted medical documentation, the request for right upper extremity EMG testing is not medically necessary.

NCS Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of upper extremity nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The Occupational Disability Guidelines (ODG) states that NCV for the lower extremities and back are "not recommended" with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: "Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma."This patient has clinical symptoms of chronic pain syndrome. MRI imaging has been non-diagnostic with no evidence of nerve compression. Per ODG, NCV is not indicated for the bilateral upper extremities based on this patient's known and established diagnosis. Furthermore, the patient has no documented signs of clinical fracture or traumatic nerve injury. There is also no documentation that this patient has failed conservative measures with splinting. Therefore, based on the submitted medical documentation, the request for left upper extremity nerve conduction studies is not medically necessary.

NCS Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of upper extremity nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The Occupational Disability Guidelines (ODG) states that NCV for the lower extremities and back are "not recommended" with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: "Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma."This patient has clinical symptoms of chronic pain syndrome. MRI imaging has been nondiagnostic with no evidence of nerve compression. Per ODG, NCV is not indicated for the bilateral upper extremities based on this patient's known and established diagnosis. Furthermore, the patient has no documented signs

of clinical fracture or traumatic nerve injury. There is also no documentation that this patient has failed conservative measures with splinting. Therefore, based on the submitted medical documentation, the request for right upper extremity nerve conduction studies is not medically necessary.