

<b>Case Number:</b>	CM14-0166573		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	12/15/2003
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 10/15/03 while working overhead on a dump truck clutch, he was using a breaker bar and had neck pain radiating into the right arm. An MRI of the cervical spine in February 2010 showed findings of mid cervical degenerative disc disease with mild canal and foraminal narrowing. In April 2010 he was being seen for a cervical epidural steroid injection. An IV was being started in the left hand and while it was being inserted he had hand pain due to possible injury to the left dorsal ulnar cutaneous nerve. He was seen on 03/27/14. He was having numbness and tingling of the fourth and fifth fingers. Prior assessments included EMG/NCS testing on in November 2010 referenced as having been an "extremely thorough study" with diagnoses including a probable axonal sensory neuropathy, and, although there was clinical evidence of carpal tunnel syndrome and cubital tunnel syndrome, nerve conduction testing appears to have been negative. As of 06/19/14 he was continuing at light duty. On 07/17/14 he had ongoing symptoms. Medications were refilled. He was seen by the requesting provider for follow-up on 08/27/14 and had been seen previously in October 2010. He was having burning pain over the dorsum of his left hand. He was having ongoing diffuse left thumb pain. Pain was rated at 8/10 and increased with grasping or picking up heavy items. Symptoms were radiating to the left lateral elbow. He was also having left fourth and fifth finger numbness and aching over the medial left elbow. Treatments had included an elbow splint which he had discontinued without subsequent change in symptoms. His pain was improved with compression or wrapping of either the left elbow or wrist. Medications were Flexeril, Lidoderm, Lyrica, methadone, Restoril, Vicodin, and Voltaren gel. Physical examination findings included left lateral elbow tenderness. There was decreased wrist range of motion. There was a positive median nerve Tinel's over the carpal tunnel. There was abnormal two point discrimination

sensation of the fifth finger. The assessment references consideration of a denervation treatment. Authorization for nerve conduction testing which was to include an inching technique and lidocaine for diagnostic dorsal ulnar cutaneous nerve and radial sensory nerve blocks was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCS with inching technique of bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC, Neck & Upper Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AANEM Recommended Policy for Electrodiagnostic Medicine

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for left upper extremity hand and arm symptoms related to intravenous access placement with possible peripheral nerve injury. Being considered is a denervation procedure. In this case, although the claimant has had prior nerve conduction testing, this does not appear to have included an inching technique which would be used to identify a particular site of nerve injury. Additionally, although there are normative values for nerve conduction studies of the dorsal ulnar cutaneous nerve, as well as radial sensory nerve, comparison with responses on the non-affected side may be needed. The dorsal ulnar cutaneous nerve response may be technically difficult to obtain and, if that were the case, testing of the opposite side would also be needed to differentiate injury from technical difficulty. Guidelines recommend that nerve conduction studies should not be performed without needle electromyography except in unique circumstances and that electromyography and nerve conduction studies should be performed together in the same electrodiagnostic evaluation when possible. Therefore, the requested EMG/NCS with inching technique of bilateral upper extremities is medically necessary.

**3cc of Lidocaine x2 for use of diagnostic blocks x3 to the dorsal radial sensory nerve and dorsal ulnar sensory nerve, right dorsal hand:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p60

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for left upper extremity hand and arm symptoms related to intravenous access placement with possible peripheral nerve injury. Being considered is a denervation procedure. Guidelines state that local anesthetic injections have been used to diagnose certain

pain conditions that may arise out of occupational activities, or due to treatment for work injuries. Local anesthetic injections may be useful when differentiating pain due to compression of a nerve from other causes. Therefore, the requested 3 cc of Lidocaine x 2 for use of diagnostic blocks x 3 to the dorsal radial sensory nerve and dorsal ulnar sensory nerve, right dorsal hand is medically necessary.