

<b>Case Number:</b>	CM14-0212473		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 52 year old female with date of injury 01/02/13. The treating physician report dated 11/19/14 (256) indicates that the patient presents with pain, numbness and tingling affecting her bilateral hands. Patient states there is numbness and tingling in her hands which need to be shaken in order to regain sensation. The physical examination findings reveal decreased light touch sensation in the thumb, index, and long fingers of both hands. X-Ray of the right hand and wrist show no increased calcifications. X-Rays of the left hand and wrist show no increased calcifications. X-rays of the right knee and tibia show no degenerative changes. The current diagnosis is: Clinical evidence of nerve entrapment of the upper extremities. The utilization review report denied the request for a UDS and EMG based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG / NCV bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 261; 309.  
 Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper

Back Chapter, Electrodiagnostic Studies (EDS), Electromyography (EMG); Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178; 260-262.

**Decision rationale:** The patient presents with hand pain with associated paresthesia. The current request is for EMG/NCV bilateral upper extremities. The treating physician states that the current request is to, "further assess the pathology." ACOEM Guidelines state, "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 assessment may include sensory-evoked potentials(SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Repeat studies, "test may be repeated later in the course of treatment if symptoms persist." In this case, the patient presents with bilateral paresthesia affecting the hands with decreased light touch sensation in the thumb, index and long fingers of both hands. The current request is medically necessary to help evaluate the presence or absence of peripheral nerve entrapment.

**Urine toxicology screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT), Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids Page(s): 43; 74-96.

**Decision rationale:** The patient presents with hand pain. The current request is for a Urine toxicology screen. The treating physician is requesting this to, "check the efficacy of the prescribed medications." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. In this case, the patient is prescribed with an Opioid which would indicate a need for a urine toxicology screen as there is no documentation found in the records provided to indicate that a UDS has been performed within the last 12 months. The current request is medically necessary.