

<b>Case Number:</b>	CM14-0214520		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/29/2006
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 years old female patient who sustained an injury on 12/29/2006. She sustained an injury when she bent to pick up gloves from floor an anesthetic monitor fell from shelf on her back. The current diagnoses include cervical degenerative disc disease, lumbar disc herniation, bilateral venous stasis dermatitis superimposed on peripheral vascular disease, neurogenic bladder, gastric symptoms due to medications, opioid addiction, status post lumbar fusion and stress/depression. Per the doctor's note dated 12/23/2014, she had complaints of low back pain with radiation to lower extremities; neck pain with radiation to bilateral arms and hands with tingling and numbness in fingers. The physical examination revealed full cervical range of motion, 5/5 strength in bilateral upper extremities, positive Phalen's on the right with numbness in long finger. The medications list includes Opana ER, cymbalta, prevacid and ibuprofen. She has had NCS dated 2/28/2013 which revealed severe left sensory and motor median neuropathy at wrist; cervical MRI dated 4/26/2012 which revealed multilevel small disc bulges; lumbar MRI dated 4/26/2012. She has undergone lumbar fusion surgery in 2009. She has had physical therapy visits and neck injections for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV left upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 268-269, 177-178.

**Decision rationale:** Request: NCV left upper extremity. Per the ACOEM guidelines, appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. She has already had NCS dated 2/28/2013 which revealed severe left sensory and motor median neuropathy at wrist. Rationale for a repeat NCS is not specified in the records provided. In addition per the cited guidelines, for most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Response to recent conservative therapy including physical therapy is not specified in the records provided. The patient is already certified for an EMG of the bilateral upper extremities. Results of this study were not specified in the records provided. The medical necessity of NCV left upper extremity is not fully established for this patient at this time. Therefore, this request is not medically necessary.

**NCV right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 177-178.

**Decision rationale:** Request: NCV right upper extremity. My rationale for why the requested treatment/service is or is not medically necessary: Per the ACOEM guidelines, appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. She has already had NCS dated 2/28/2013 which revealed severe left sensory and motor median neuropathy at wrist. Rationale for a repeat NCS is not specified in the records provided. In addition per the cited guidelines, for most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Response to recent conservative therapy including physical therapy is not specified in the records provided. The patient is already certified for an EMG of the bilateral upper extremities. Results of this study were not specified in the records provided. The medical necessity of NCV right upper extremity is not fully established for this patient at this time. Therefore, this request is not medically necessary.

