

<b>Case Number:</b>	CM15-0060800		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/15/2009
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: California

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 injured worker is a 44 year old female, who sustained an industrial injury on 09/15/2009 reporting right shoulder, right arm, and right wrist pain as a result of cumulative trauma and repetitive strain. On provider visit dated 01/16/2015 the injured worker has reported neck pain. On examination of the cervical spine revealed tenderness to palpation over posterolateral cervical paravertebral musculature and medial superior trapezius muscle and a decreased range of motion. Bilateral elbows revealed tenderness to palpation over the right medial and right lateral epicondyle. Right elbow was noted to have a decreased range of motion. Bilateral wrists revealed tenderness to palpation over the ulnar wrists, anteroposterior compression and mediolateral compression. Pain was noted to right wrist with ulnar deviation and radial deviation end ranges. Tinel's sign was positive. Lumbar spine was noted to have tenderness to palpation over the paramedian lumbar paravertebral musculature with a decreased range of motion. The diagnoses have included shoulder pain right, cervical facet syndrome, cervical strain, low back pain, lumbar facet syndrome, right wrist and elbow pain, and bilateral sacroiliac pain. Treatment to date has included multiple MRI's, medication, physical therapy, EMG/NCV of the right upper extremity and cervical facet medical branch block. The injured worker's deep tendon reflexes were ¼ in the bilateral biceps, bilateral brachial radialis, bilateral triceps, bilateral patella and bilateral tendon Achilles. The motor strength testing revealed weakness in the right shoulder, external rotator and right extensor hallucis longus muscle groups at 4/5. The sensory examination revealed diffuse diminished sensation to light touch over the right upper extremity dermatomes. The provider requested EMG (electromyography)/NCS (nerve

conduction study) of the right upper extremity, EMG (electromyography)/NCS (nerve conduction study) of the right lower extremity, 1 month supply of Celebrex for pain and 1 trial of transcutaneous electrical nerve stimulation (TENS) unit.

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

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

#### **1 month supply of Celebrex: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker's pain was an 8/10; however, there was a lack of documentation indicating this was an objective decrease in pain. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the quantity and frequency for the requested medication. Given the above, the request for 1 month supply of Celebrex is not medically necessary.

#### **EMG (electromyography)/NCS (nerve conduction study) of the right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The American College of Occupational and Environmental Medicine states that 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 clinical documentation submitted for review indicated the request was made for the EMG/NCV since the last diagnostic studies on the right upper extremity were noted to be on 05/12/2010. They were noted to be normal findings. There was a lack of documentation indicating the injured worker had a significant change in objective findings to support the necessity for repeat studies. Given the above, the request for EMG (electromyography) NCV (nerve conduction study) of right upper extremity is not medically necessary.

#### **EMG (electromyography)/NCS (nerve conduction study) of the right lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

**Decision rationale:** The American College of Occupational and Environmental Medicine states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. They do not address NCS of the lower extremities. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination to support an EMG. The injured worker was noted to have extremity sensory impairment. Additionally, there was a lack of documentation of a specific failure of conservative care directed toward the lumbar spine and there is minimal justification for performing a nerve conduction study when the injured worker is presumed to have symptoms on the basis of radiculopathy. Given the above, the request for EMG (electromyography) NCV (nerve conduction study) of right lower extremity is not medically necessary.

**1 trial of transcutaneous electrical nerve stimulation (TENS) unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

**Decision rationale:** The California Medical Treatment Utilization Schedule guideline indicate that a one month trial of a TENS unit is recommended if it is used as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to provide documentation the injured worker had trialed and failed other methods of appropriate pain modalities. There was a lack of documentation indicating the injured worker would be utilizing the unit as an adjunct to a program of evidence based functional restoration. The request as submitted failed to indicate the duration for the trial of the unit. The body part to be treated was not provided. Given the above, the request for 1 trial of transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary.