
Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/18/2013

2/23/2012

7/22/2013

CM13-0002583

- 1) MAXIMUS Federal Services, Inc. has determined the request for **bilateral cervical epidural steroid injection C3-C4** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one (1) electromyography (EMG) for the right upper extremity** is not medically necessary and appropriate.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **nerve conduction velocity (NCV) study for the right upper extremity** is not medically necessary and appropriate.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one (1) electromyography (EMG) for the left upper extremity** is not medically necessary and appropriate.
- 5) MAXIMUS Federal Services, Inc. has determined the request for **nerve conduction velocity (NCV) study for the left upper extremity** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on <<Click here to enter Date>>. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **bilateral cervical epidural steroid injection C3-C4 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one (1) electromyography (EMG) for the right upper extremity is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **nerve conduction velocity (NCV) study for the right upper extremity is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **one (1) electromyography (EMG) for the left upper extremity is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **nerve conduction velocity (NCV) study for the left upper extremity is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 18, 2013

“The claimant is a 53-year-old female. Date of injury is listed as 2/23/12. Provided for review is a progress report dated 6/26/13. This describes the claimant having neck pain with numbness and tingling in the hands particularly the left side.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review from [REDACTED]
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for bilateral cervical epidural steroid injection C3-C4:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Cervical and Thoracic Spine Disorders, current version.

The Expert Reviewer relied on the California MTUS Chronic Pain Medical Treatment Guidelines, Online Version, Epidural steroid injections (ESIs), Page 46.

Rationale for the Decision:

The employee sustained a work-related injury on February 23, 2012 to the neck. The medical report of February 25, 2013 documents that there were complaints of left neck pain with spasms, numbness in the left hand, pain rated at 10/10, and the physical exam showed diminished range-of-motion in the neck. The medical report of July 16, 2013 documents that on physical exam, there was full range-of-motion of the left shoulder with negative impingement signs, pain with range-of-motion of the neck, tenderness upon touch on the left side of the neck, and intact neurological status. Treatments have included chiropractic therapy and physical therapy. The request is for bilateral cervical epidural steroid injection C3-C4.

The MTUS Chronic Pain Guidelines recommend epidural steroid injections for complaints of radicular pain which match findings of neurological deficiency on physical exam which are confirmed by imaging studies. The medical records provided for review do not show evidence of the employee having radiculopathy on physical examination or neurological deficits. **The request for bilateral cervical epidural steroid injection C3-C4 is not medically necessary and appropriate.**

2) Regarding the request for one (1) electromyography (EMG) for the right upper extremity:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Cervical and Thoracic Spine Disorders, current version, which is part of MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) Special Studies and Diagnostic and Treatment Considerations which is part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on February 23, 2012 to the neck. The medical report of February 25, 2013 documents that there were complaints of left neck pain with spasms, numbness in the left hand, pain rated at 10/10, and the physical exam showed diminished range-of-motion in the neck. The medical report of July 16, 2013 documents that on physical exam, there was full range-of-motion of the left shoulder with negative impingement signs, pain with range-of-motion of the neck, tenderness upon touch on the left side of the neck, and intact neurological status. Treatments have included chiropractic therapy and physical therapy. The request is for one (1) electromyography (EMG) for the right upper extremity.

The MTUS/ACOEM Guidelines recommend electrodiagnostic studies for physical evidence of tissue damage or neurological dysfunction. The medical records provided for review indicate that the employee had refused an electromyography, and there is no evidence of neurological deficits on physical examination. **The request for one (1) electromyography (EMG) for the right upper extremity is not medically necessary and appropriate.**

3) Regarding the request for nerve conduction velocity (NCV) study for the right upper extremity:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Cervical and Thoracic Spine Disorders, current version.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) Special Studies and Diagnostic and Treatment Considerations which is part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on February 23, 2012 to the neck. The medical report of February 25, 2013 documents that there were complaints

of left neck pain with spasms, numbness in the left hand, pain rated at 10/10, and the physical exam showed diminished range-of-motion in the neck. The medical report of July 16, 2013 documents that on physical exam, there was full range-of-motion of the left shoulder with negative impingement signs, pain with range-of-motion of the neck, tenderness upon touch on the left side of the neck, and intact neurological status. Treatments have included chiropractic therapy and physical therapy. The request is for one (1) electromyography (EMG) for nerve conduction velocity (NCV) study for the right upper extremity.

The MTUS/ACOEM Guidelines recommend electrodiagnostic studies for physical evidence of tissue damage or neurological dysfunction. The medical records provided for review indicates that the employee had refused an electromyography, and there is no evidence of neurological deficits on physical examination. The medical records also indicate that the nerve conduction studies that the employee previously had were normal on both sides. **The request for one (1) electromyography (EMG) for nerve conduction velocity (NCV) study for the right upper extremity is not medically necessary and appropriate.**

4) Regarding the request for one (1) electromyography (EMG) for the left upper extremity:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Cervical and Thoracic Spine Disorders, current version.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) Special Studies and Diagnostic and Treatment Considerations which is part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on February 23, 2012 to the neck. The medical report of February 25, 2013 documents that there were complaints of left neck pain with spasms, numbness in the left hand, pain rated at 10/10, and the physical exam showed diminished range-of-motion in the neck. The medical report of July 16, 2013 documents that on physical exam, there was full range-of-motion of the left shoulder with negative impingement signs, pain with range-of-motion of the neck, tenderness upon touch on the left side of the neck, and intact neurological status. Treatments have included chiropractic therapy and physical therapy. The request is for one (1) electromyography (EMG) for the left upper extremity.

The MTUS/ACOEM Guidelines recommend electro diagnostic studies for physical evidence of tissue damage or neurological dysfunction. The medical records provided for review indicates that the employee had refused an electromyography, and there is no evidence of neurological deficits on physical examination. **The request for one (1) electromyography (EMG) for the left upper extremity is not medically necessary and appropriate.**

5) Regarding the request for nerve conduction velocity (NCV) study for the left upper extremity:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Cervical and Thoracic Spine Disorders, current version.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) Special Studies and Diagnostic and Treatment Considerations which is part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on February 23, 2012 to the neck. The medical report of February 25, 2013 documents that there were complaints of left neck pain with spasms, numbness in the left hand, pain rated at 10/10, and the physical exam showed diminished range-of-motion in the neck. The medical report of July 16, 2013 documents that on physical exam, there was full range-of-motion of the left shoulder with negative impingement signs, pain with range-of-motion of the neck, tenderness upon touch on the left side of the neck, and intact neurological status. Treatments have included chiropractic therapy and physical therapy. The request is for nerve conduction velocity (NCV) study for the left upper extremity.

The MTUS/ACOEM Guidelines recommend electrodiagnostic studies for physical evidence of tissue damage or neurological dysfunction. The medical records provided for review indicates that the employee had refused an electromyography, and there is no evidence of neurological deficits on physical examination. The medical records also indicate that the nerve conduction studies that the employee previously had were normal on both sides. **The request for nerve conduction velocity (NCV) study for the left upper extremity is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.