

Case Number:	CM13-0006242		
Date Assigned:	08/27/2013	Date of Injury:	10/02/2003
Decision Date:	01/10/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 underlying date of injury in this case is 10/02/2003. The primary diagnosis is cervicalgia. The initial mechanism of injury is that the patient slipped in water on the floor, falling in a sitting position and then backwards, striking her right arm. A prior physician review notes that the current request is for a cervical epidural injection at C4-5 and C5-6 as well as repeat electrodiagnostic studies in both upper extremities. That initial physician review notes that treatment guidelines recommend electromyography only in cases where the diagnosis is difficult with nerve conduction studies. That prior physician review also notes that with regard to cervical epidural injections, the medical records do not unequivocally described a radiculopathy and do not document the results of a prior epidural injection. A treatment summary of 04/11/2013 by the treating pain physician notes that the patient has multilevel cervical degenerative disc disease and a probable right shoulder impingement syndrome and also evidence of bilateral carpal tunnel syndrome and also bilateral radial neuropathy at the elbow based on the EMG of May 2012. That summary note indicates an opinion that a cervical epidural injection and hand surgical consultation remain the primary focus of the patient's treatment. The physician notes the patient has evidence of degenerative disease complicating her injury and that cervical epidural injections would be therapeutic and that electrodiagnostic studies are necessary to help with surgical decision-making. A letter from the treating physician of 07/03/2013 addresses a prior utilization review denial. He opined that his medical/legal evaluation report and his consultation followup support the necessity of a cervical epidural injection and EMG testing. I did review those reports, which outline in detail the patient's medical history, including chronic right shoulder and right lumbar and bilateral hand pain as well as moderate degenerative

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient intralaminar cervical epidural steroid injection (CESI) at C4-C5 and C6-C7:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Epidural Injections, page 46, states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." These guidelines essentially support individualized decision-making and clinical judgment to support an indication for a cervical epidural injection. An appeal from the treating physician in this case references multiple documents he authored and substantial diagnostic uncertainty given multiple neurological comorbidities in this case. The rationale provided in this case is that a cervical epidural injection may help to avoid surgery and may help with surgical planning. The concept is consistent with the treatment guidelines. Indeed, only clinical judgment can guide a case like this given the very substantial diagnostic complexity involved. This request for an epidural injection is medically necessary.

Repeat EMG for bilateral upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The ACOEM Guidelines, Chapter 8 Neck, page 178, states, "Electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle focal and neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks." As noted by the treating physician's appeal letter and underlying supporting documents, this is an extremely complex case which is essentially an outlier from the treatment guidelines given the multiple overlapping diagnoses in this case. The medical records are consistent with the treatment guidelines in requesting an EMG study in this complex case in order to help guide either surgical or nonsurgical treatment. Again, the appeal letter outlines the rationale for this request very well. This request is medically necessary.

Repeat NCV for bilateral upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The ACOEM Guidelines, Chapter 8 Neck, page 178, states, "Electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle focal and neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks." As noted by the treating physician's appeal letter and underlying supporting documents, this is an extremely complex case which is essentially an outlier from the treatment guidelines given the multiple overlapping diagnoses in this case. The medical records are consistent with the treatment guidelines in requesting an EMG study in this complex case in order to help guide either surgical or nonsurgical treatment. Again, the appeal letter outlines the rationale for this request very well. This request is medically necessary.