

Case Number:	CM13-0025056		
Date Assigned:	01/15/2014	Date of Injury:	05/09/2011
Decision Date:	06/04/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/16/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine 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 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 patient is a 48 year old female who sustained a work-related injury on May 9, 2011. Subsequently, she developed chronic neck pain. The patient underwent an MRI of the cervical spine on November 15, 2012 which showed the cervical spondylosis the level of C4-C5 and C5-C6, central noncompressive C5 disc protrusion, broad-based spondylotic ridging with mild bilateral foraminal stenosis. Her EMG performed on November 20, 2012 was normal. According to the note dated on September 4, 2013, the patient was complaining of neck and right shoulder pain, worsening of neck pain and right upper extremity weakness. The patient reported that her medications are working well with some side effects. Her physical examination demonstrated cervical tenderness with reduced range of motion, spasm, positive Spurling's maneuver and pain on examination of the right shoulder. Sensation was decreased over the C8 T1 distribution on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

A CERVICAL LOW DOSE CORTICOSTEROID EPIDURAL INJECTION AT C6-C7:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. Her EMG performed in 2012 was negative for radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy.

PHYSICAL THERAPY FOR THE CERVICAL SPINE (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Treatment regimens should be tapered and transitioned into a self-directed home program. An initial trial of physical therapy is recommended, with additional sessions to be contingent on signs of objective functional improvement. There is no documentation of objective findings that support 12 sessions of physical therapy for cervical spine pain. The patient could be started with 6 sessions over 3 weeks and if effective more PT could be requested, as indicated in the guidelines. Therefore, the request is not medically necessary.

EMG/NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178-182.

Decision rationale: According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. EMG is

indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiological insult and anatomical defect in case of neck pain and back pain. In addition and according to MTUS guidelines, EMG/NCV testing have low ability to identify wrist and forearm pathology except for carpal tunnel syndrome. The patient do not have a clear evidence of carpal tunnel syndrome or radiculopathy. Her previous EMG performed on 2012 was negative for radiculopathy and there is no documentation of dramatic changes in the patient symptoms. Therefore, the request for electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral upper extremities is not medically necessary.