

Case Number:	CM13-0047276		
Date Assigned:	12/27/2013	Date of Injury:	03/24/2012
Decision Date:	05/22/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 67-year-old female who reported an injury on 3/24/12. The mechanism of injury involved a fall. Current diagnoses include left cervical strain, left cervical radiculopathy, bilateral carpal tunnel syndrome, myofascial pain syndrome, and left Erb's palsy. The injured worker was evaluated on 10/14/13. The injured worker has been previously treated with acupuncture and physical therapy. Physical examination on that date revealed decreased flexion, extension, and bilateral bending and rotation of the cervical spine; tenderness in the bilateral paracervical muscles; tenderness in the bilateral trapezius muscles; muscle spasm and trigger points on the left; decreased sensation in the bilateral ventral aspects of the thumb and first two and a half digits with normal reflexes; and decreased strength in the left upper extremity. Treatment recommendations included EMG/NCS of the bilateral upper extremities, four trigger point injections, and chiropractic therapy twice per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS/ACOEM guidelines state that electromyography may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3-4 weeks. As per the documentation submitted, the injured worker has previously undergone an EMG/NCV which indicated mild carpal tunnel syndrome without any evidence of cervical radiculopathy. The medical necessity for a repeat study has not been established. As such, the request is not medically necessary.

NCV OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS/ACOEM guidelines state that nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3-4 weeks. As per the documentation submitted, the injured worker has previously undergone an EMG/NCV which indicated mild carpal tunnel syndrome without any evidence of cervical radiculopathy. The medical necessity for a repeat study has not been established. As such, the request is not medically necessary.

NCV OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS/ACOEM guidelines state that nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3-4 weeks. As per the documentation submitted, the injured worker has previously undergone an EMG/NCV which indicated mild carpal tunnel syndrome without any evidence of cervical radiculopathy. The medical necessity for a repeat study has not been established. As such, the request is not medically necessary.

EMG OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS/ACOEM guidelines state that electromyography may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3-4 weeks. As per the documentation submitted, the injured worker has previously undergone an EMG/NCV which indicated mild carpal tunnel syndrome without any evidence of cervical radiculopathy. The medical necessity for a repeat study has not been established. As such, the request is not medically necessary.

LEFT CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The California MTUS guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain, when used in conjunction with other rehabilitative efforts. As per the documentation submitted, there is no evidence of a failure to respond to conservative treatment to include exercises, physical methods, NSAIDs and muscle relaxants. There were no imaging studies provided for review to corroborate a diagnosis of cervical radiculopathy. The specific level at which the epidural steroid injection will be administered was not listed in the request. As such, the request is not medically necessary.

CHIROPRACTIC 2X WK X 3 WKS CERVICAL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. As per the documentation submitted, the injured worker has participated in physical therapy and acupuncture. Physical examination does reveal limited range of motion, tenderness to palpation, muscle spasm, trigger points, and decreased sensation with decreased strength. The current request for 6 sessions of chiropractic therapy does fall within guideline recommendations. As such, the request is certified.

