

<b>Case Number:</b>	CM13-0068601		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/24/2012
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for left neck and left shoulder pain with an industrial injury date of March 24, 2012. Treatment to date has included medications, physical therapy, acupuncture, and TENS unit. Utilization review from December 19, 2013 denied the request for NCV right upper extremity and NCV left upper extremity because a previous electrodiagnostic study already established a diagnosis of carpal tunnel of the left hand; left cervical ESI because the request did not indicate at what level the injection would be administered; and chiropractic treatment because there was inadequate documentation of significant objective functional limitations that would demonstrate the patient's need for chiropractic care. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of left-sided neck and shoulder pain extending down to the left arm and elbow area. The pain was aggravated by lifting, holding, bending, twisting of the left arm for too long, or staying at the same posture. The pain was described as soreness, achiness, and stiffness. There was occasional numbness of the left arm down to the hand and fingers. On physical examination, there was tightness and tenderness on the left side of the paraspinal muscles of C5, C6, and C7 down to the upper trapezius and reached to the scapular area and also down to the lateral epicondyle on the left arm. No sensorimotor deficits were noted. Shoulder range of motion was normal but there was mild pain to the endpoint of abduction. Impingement sign on the left arm was negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NERVE CONDUCTION VELOCITIES (NCV) RIGHT UPPER EXTREMITY: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck And Upper Back Chapter.

**Decision rationale:** CA MTUS does not specifically address nerve conduction studies (NCS); however, according to the Official Disability Guidelines, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies of non-neuropathic processes if other diagnoses may be likely based on clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, the patient is already being treated for cervical radiculopathy. The indication for nerve conduction studies was not discussed in the medical records provided. Therefore, the request for Nerve Conduction Velocities (NCV) Right Upper Extremity is not medically necessary.

**NERVE CONDUCTION VELOCITIES (NCV) LEFT UPPER EXTREMITY: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck And Upper Back Chapter.

**Decision rationale:** CA MTUS does not specifically address nerve conduction studies (NCS); however, according to the Official Disability Guidelines, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies of non-neuropathic processes if other diagnoses may be likely based on clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, the patient is already being treated for cervical radiculopathy. The indication for nerve conduction studies was not discussed in the medical records provided. Therefore, the request for Nerve Conduction Velocities (NCV) Right Upper Extremity is not medically necessary.

**CHIROPRACTIC 2 TIMES WEEKLY FOR 4 WEEKS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** According to page 173 of the ACOEM Guidelines, cervical manipulation may be an option for patients with neck pain or cervicogenic headache but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, guidelines support a trial of 6 visits and with evidence of objective functional improvement, up to a total of 18 visits. In this case, the patient is being treated for cervical radiculopathy and there is insufficient evidence regarding chiropractic care for this condition. Furthermore, the requested number of sessions exceeds the guideline recommendation. Moreover, the request did not specify the body part to be treated. Therefore, the request for chiropractic 2 times weekly for 4 weeks is not medically necessary.

**LEFT CERVICAL EPIDURAL STEROID INJECTION (ESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

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

**Decision rationale:** According to page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are supported in patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. In this case, there was no discussion regarding unresponsiveness to conservative management. In addition, there were no imaging or electrodiagnostic tests included in the records for review, which corroborated findings of radiculopathy. Lastly, the request did not indicate the levels to be injected. Therefore, the request for Left Cervical Epidural Steroid Injection (ESI) is not medically necessary.