MAXIMUS Federal Services

Case Number:	CM14-0060520		
Date Assigned:	07/09/2014	Date of Injury:	10/10/2013
Decision Date:	11/25/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/01/2014

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, has a subspecialty in Pain 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 injured worker is a 29 year-old male with a date of injury of October 10, 2013. The patient's industrially related diagnoses include cervical radiculitis, thoracic neuritis and myospasms, lumbar radiculitis and myospasms, and thoracic compression fracture. The disputed issues are a request for MRI of the cervical spine, a second lumbar epidural steroid injection (LESI) and an EMG/NCV of bilateral upper extremities. A utilization review determination on 4/7/2014 had non-certified these requests. The stated rationale for the denial was: "The submitted documentation reveals little evidence of significant changes to warrant the epidural steroid injection with no evidence of neurological deficit or acute trauma to warrant the EMG/NCV and cervical MRI." The stated rationale for the denial of the second lumbar epidural steroid injections was: "It appears that there is little evidence of any significant progress in both subjective and objective findings to warrant the epidural steroid injections in question."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: 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)-cervical spine or upper back MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, MRI

Decision rationale: In regard to the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the submitted documentation, the treating physician documents on a progress report dated 3/21/14 subjective complaints of continuous moderate neck pain and right upper extremity numbness with associated headaches. However, there is no documentation of any objective neurologic deficits. In a progress report dated 3/14/2014, the QME does not document any subjective symptoms over the neck or upper extremities but does documented positive objective findings of hyperreflexia over the upper and lower extremity but did not indicated any red flag diagnoses. While the injured worker has completed 24 sessions of physical therapy and some acupuncture, according to the documentation these therapies were recommended for the thoracic and lumbar spine and did not address the cervical spine. There is no documentation of failed conservative treatment for the diagnosis of cervical radiculitis. In the absence of such documentation, the request for cervical MRI is not medically necessary.

EMG of the bilateral upper extremities: 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)-Electrodiagnostic studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: In regard to the request for EMG of bilateral upper extremities to evaluate for cervical radiculitis, the ACOEM Practice Guidelines state: "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Regarding electromyography, the Official Disability Guidelines (ODG) state: "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious."In the submitted documentation, the treating physician indicated that the injured worker had continuous moderate neck pain and right upper extremity numbness and diagnosed the injured worker with cervical radiculitis. However, there was no documentation of any neurological deficits in the physical examination at the time of the request, for which the use of electrodiagnostic testing would be indicated. Additionally, the treating physician did not provide details regarding any conservative therapy directed at the neck complaints. In the absence of such documentation, medical necessity cannot be established for EMG of bilateral upper extremities at this time.

NCV of the bilateral upper extremities: 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)- NCV

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 261, 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: In regard to the request for NCS of bilateral upper extremities, the ACOEM Practice Guidelines Chapter 11 on pages 271-273 in Table 11-7 state that nerve conduction studies are recommended for "median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment." There is recommendation against "routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms (D)." The ACOEM guidelines on page 261 state: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS."In the submitted documentation, the treating physician indicated that the injured worker had continuous moderate neck pain and right upper extremity numbness and diagnosed the injured worker with cervical radiculitis. However, there was no documentation of any neurological deficits in the physical examination at the time the request was made. Additionally, the treating physician did not document failure of conservative treatment to the neck or the upper extremity. In the absence of such documentation, medical necessity cannot be established for NCV of bilateral upper extremities at this time.

Second Lumbar epidural steroid injection (LESI): Upheld

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 steroid injections (ESIs) Page(s): 46.

Decision rationale: In regard to the request for a second lumbar epidural steroid injection, the Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In the submitted documentation available for review, there was documentation that the injured worker received a

lumbar epidural steroid injection on 3/6/2014 and in the following progress report dated 3/14/2014, the treating physician documents that symptoms remain the same over the mid and low back. There is no indication that the first epidural injection provided at least 50% pain relief with functional improvement and reduction in medication use for at least six weeks. In the absence of such documentation, the request for second lumbar epidural steroid injection is not medically necessary.