

Case Number:	CM14-0077669		
Date Assigned:	07/18/2014	Date of Injury:	02/12/2008
Decision Date:	09/08/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/28/2014

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 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:

According to the records made available for review, this is a 58-year-old female with a 2/12/08 date of injury. At the time (5/7/14) of request for authorization for Electromyography Bilateral Upper Extremity, Nerve conduction velocity Bilateral upper extremity, Cervical Epidural Injections C7-T1, there is documentation of subjective (neck pain radiating down right arm) and objective (cervical range of motion restricted with painful movement, tenderness and tight muscle band noted, Spurling's maneuver causes pain in muscles of neck radiating to upper extremity, triceps and brachioradialis reflexes 2+ bilaterally, decreased sensation over thumb, middle finger, little finger, and triceps, elbow flexor and extensor 4/5 on right and 5/5 on left) findings, current diagnoses (lumbar radiculopathy, post lumbar laminectomy syndrome, and spinal/lumbar degenerative disc disease), and treatment to date (activity modifications and medications (including ongoing treatment with Hydroxyzine, Naproxen, Zanaflex, Neurontin, Norco, Clonazepam, and Sertraline)). Medical report identifies cervical spine MRI is pending. Regarding Electromyography Bilateral Upper Extremity and Nerve conduction velocity Bilateral upper extremity, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Regarding Cervical Epidural Injections C7-T1, there is no documentation of imaging findings at the requested level, and failure of additional conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography Bilateral Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electrodiagnostic studies (EDS).

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Official Disability Guidelines (ODG) identifies that Electromyography (EMG) is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, post lumbar laminectomy syndrome, and spinal/lumbar degenerative disc disease. In addition, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment. Furthermore, there is documentation of conservative treatment (activity modifications and medications). However, given documentation that cervical spine magnetic resonance imaging (MRI) is pending, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for Electromyography Bilateral Upper Extremity is not medically necessary.

Nerve conduction velocity Bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electrodiagnostic studies (EDS).

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of Electromyogram (EMG) and Nerve Conduction. Official Disability Guidelines (ODG) identifies that EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, post lumbar laminectomy syndrome, and spinal/lumbar degenerative disc disease. In addition, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment. Furthermore, there is documentation of conservative treatment (activity modifications and medications). However, given documentation that cervical spine magnetic resonance imaging (MRI) is pending, there is no documentation that the etiology of the radicular symptoms is not explained by MRI or other diagnostic studies. Therefore, based on guidelines

and a review of the evidence, the request for Nerve conduction velocity Bilateral upper extremity is not medically necessary.

Cervical Epidural Injections C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Official Disability Guidelines (ODG) identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (magnetic resonance imaging (MRI), Computerized tomography (CT), myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, post lumbar laminectomy syndrome, and spinal/lumbar degenerative disc disease. In addition, there is documentation of subjective (pain) and objective (sensory changes) radicular findings in the requested nerve root distribution. Furthermore, there is documentation of failure of conservative treatment (activity modification and medications). However, there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Furthermore, there is no documentation of failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Cervical Epidural Injections C7-T1 is not medically necessary.