

Case Number:	CM14-0081272		
Date Assigned:	07/18/2014	Date of Injury:	08/31/2010
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational 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:

According to the records made available for review, this is a 48-year-old male with a 8/31/10 date of injury, and status post left shoulder arthroscopy, Mumford, and acromioplasty 7/5/13. At the time (5/7/14) of request for authorization for Electromyogram (EMG) and Nerve Conduction Studies (NCV) of right upper extremities, EMG/NCV of left upper extremities, and cervical epidural steroid injection (CESI) at the C7-T1 disc level, there is documentation of subjective (pain in the neck and left shoulder) and objective (positive Spurling producing axial pain radiating to the left shoulder, decreased sensation to light touch in the left upper extremity from the shoulder to the wrist, weakness in the left upper extremity with grip strength, positive Hawkins and cross body test on the left shoulder) findings, imaging findings (cervical spine MRI (11/6/13) report revealed C7-T1 no disc herniation, and no significant central or foraminal stenosis), current diagnoses (cervicalgia, cervical radiculopathy, cervical spondylosis, and left shoulder pain status post surgery with impingement and bursitis), and treatment to date (activity modification, medications, and physical therapy). Regarding the requested EMG/NCV of right upper extremities, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment. Regarding EMG/NCV of left upper extremities, there is no documentation of subjective findings consistent with radiculopathy/nerve entrapment. Regarding the requested cervical epidural steroid injection (CESI) at the C7-T1 disc level, there is no documentation of subjective radicular findings in the requested nerve root distribution, and imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of right upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to 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 Studies (NCV). Within the medical information available for review, there is documentation of diagnoses of cervicalgia, cervical radiculopathy, cervical spondylosis, and left shoulder pain status post surgery with impingement and bursitis. In addition, there is documentation of failure of conservative treatment. However, despite documentation of objective findings (positive Spurling producing axial pain radiating to the left shoulder, decreased sensation to light touch in the left upper extremity from the shoulder to the wrist, weakness in the left upper extremity with grip strength, positive Hawkins and cross body test on the left shoulder), there is no specific (to a nerve root distribution) documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCV of right upper extremities is not medically necessary.

EMG/NCV of left upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to 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 Studies (NCV). Within the medical information available for review, there is documentation of diagnoses of cervicalgia, cervical radiculopathy, cervical spondylosis, and left shoulder pain status post surgery with impingement and bursitis. In addition, there is documentation of objective findings (positive Spurling producing axial pain radiating to the left shoulder, decreased sensation to light touch in the left upper extremity from the shoulder to the wrist, weakness in the left upper extremity with grip strength, positive Hawkins and cross body test on the left shoulder) and failure of conservative treatment. However, there is no documentation of subjective findings consistent with

radiculopathy/nerve entrapment. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCV of left upper extremities is not medically necessary.

Cervical epidural steroid injection (CESI) at the C7-T1 disc level: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM 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: California Medical Treatment Utilization Schedule (MTUS) reference to 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, 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 cervicalgia, cervical radiculopathy, cervical spondylosis, and left shoulder pain status post surgery with impingement and bursitis. In addition, given documentation of objective findings (positive Spurling producing axial pain radiating to the left shoulder, there is documentation of objective radicular findings. Furthermore, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution. In addition, given documentation of imaging findings (MRI cervical spine identifying no disc herniation, and no significant central or foraminal stenosis at C7-T1 level), 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. Therefore, based on guidelines and a review of the evidence, the request for cervical epidural steroid injection (CESI) at the C7-T1 disc level is not medically necessary.