MAXIMUS Federal Services

Case Number:	CM14-0093154		
Date Assigned:	07/25/2014	Date of Injury:	01/18/2010
Decision Date:	10/28/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/19/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 38-year-old female who reported an injury on 01/18/2010. The mechanism of injury involved heavy lifting. The current diagnoses include snapping scapula, left cervical strain, mild left shoulder SIS, and sleep disturbance. Previous conservative treatment is noted to include medications and physical therapy. The injured worker was evaluated on 04/21/0214, with complaints of persistent neck pain with radiation into the shoulder region. The current medication regimen includes Vicodin and Naproxen. Physical examination revealed tenderness to palpation of the cervical spine, positive levator scapulae and trapezius muscle spasm, painful range of motion of the cervical spine, positive Spurling's maneuver, and 2+ deep tendon reflexes in the upper extremities. Treatment recommendations on that date included continuation of the current medication regimen and physical therapy 3 times per week for 2 and half weeks. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection x1 Premier Surgery Center: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain with use in conjunction with active rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no documentation of motor weakness or sensory deficit in a specific dermatomal distribution upon physical examination. There were also no imaging studies or electrodiagnostic reports submitted for this review to corroborate a diagnosis of radiculopathy. As such, the medical necessity has not been established. Therefore, the request is not medically necessary.

Electromyography (EMG) / Nerve Conduction (NCV) Of Left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There was no documentation of motor weakness or sensory deficit in a specific dermatomal distribution. The medical necessity for the requested electrodiagnostic testing has not been established. As such, the request is not medically necessary.

MRI Scan of Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. The injured worker has undergone a previous MRI of the cervical spine on 04/05/2010. There is no documentation of a significant change in physical examination findings that would indicate the need for an additional imaging study. As such, this request is not medically necessary.