

Case Number:	CM14-0195482		
Date Assigned:	12/03/2014	Date of Injury:	04/27/2011
Decision Date:	01/28/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/21/2014

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 Emergency 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 48 year old female who was injured when she fell during an altercation with a suspect on 04/27/11. She is currently retired. Per the physician noted from 10/08/14 her diagnoses include chronic cervicgia, Status post C4-C5 laminectomy and fusion surgery, and status post right shoulder surgery for right ACA and bicep tendon reattachment repair. She has undergone physical therapy in the past. Recommendations include Midrin, Fioricet, Flexeril, judicious use of opioids, and possibly acupuncture. She continues to complain of headaches and neck pain, with intensity that varies with activity. She has neck pain followed by migraine like headaches, nausea, and vomiting 2-3 times per week. She was noted to have mild discomfort in her cervical spine. There is no documentation related to her lower extremities. The requested treatments are EMG of the bilateral lower extremities, and a series of ESI at C4-C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Lower Extremity Qty 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The requested EMG RIGHT LOWER EXTREMITY QTY 1.00, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, EMG RIGHT LOWER EXTREMITY QTY 1.00 is not medically necessary.

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Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, EMG LEFT LOWER EXTREMITY QTY 1.00 is not medically necessary.

Interlaminar Epidural Injection at C4-C5 Level Qty: 3.00: Upheld

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

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

Decision rationale: The requested INTERLAMINAR EPIDURAL INJECTION AT C4-C5 LEVEL QTY: Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and

muscle relaxants)." The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. Furthermore, referenced guidelines do not recommend a series of 3 epidural injections without assessment the functional improvement from the initial injection. The criteria noted above not having been met, INTERLAMINAR EPIDURAL INJECTION AT C4-C5 LEVEL QTY: 3.00 is not medically necessary.