

Case Number:	CM15-0182729		
Date Assigned:	09/30/2015	Date of Injury:	09/25/2011
Decision Date:	11/30/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35 year old female, who sustained an industrial injury on 09-25-2011. She has reported injury to the neck and low back. The diagnoses have included cervical strain; cervical degenerative disc disease and herniated nucleus pulposus; cervical stenosis; cervical spondylosis; cervical radiculopathy; derangement of joint not otherwise specified of shoulder (right); lumbar sprain; lumbar myofascial pain; sacroiliac joint dysfunction bilateral; and abnormality of gait. Treatment to date has included medications, diagnostics, acupuncture, physical therapy, cervical epidural steroid injections, lumbar injection, and activity modification. Medications have included Norco, Tramadol, Gabapentin, and Ibuprofen. A progress report from the treating provider, dated 09-01-2015, documented an evaluation with the injured worker. The injured worker reported constant pain in the neck that radiates to her upper back, right scapular, and right shoulder; the pain is rated as 7 out of 10 in intensity; she has numbness and tingling in her shoulders and stiffness in her back; continuous pain in her right shoulder; the pain radiates to her right scapular, right arm, elbow, and wrist; this pain is rated at 7 out of 10 in intensity; continuous pain in her right arm, elbow, and hand-wrist; the is pain is rated as 7-8 out of 10 in intensity; constant localized pain in the lower back; the pain is rated as 7-8 out of 10 in intensity; constant pain in the right leg that radiates from the groin to the knee; this pain is rated at 6-7 out of 10 in intensity; and pain and rest alleviate the pain. It is noted that the injured worker had physical therapy; 12 acupuncture treatments that did not improve her symptoms at all; cortisone injection to her back which afforded her minimal and temporary relief; cervical epidural injections did not provide her significant relief; and she is currently not working. Objective findings included tenderness and spasms present in the cervical paraspinal muscles;

reduced sensory in bilateral median nerve dermatomal distribution; range of motion is restricted; there is tenderness to pressure over the right anterior shoulder with restricted range of motion, and positive impingement sign; Tinel's sign is positive on the right; there is tenderness to palpation and spasm present in the lumbar paraspinal muscles; reduced sensory in the right S1 dermatomal distribution; lumbar range of motion is restricted; and there is positive sitting straight leg raising on the right. The treatment plan has included the request for EMG (electromyography)-NCS (nerve conduction study) of bilateral upper extremities; MRI of the cervical spine; MRI of the lumbar spine; chiropractic care x 12; and lumbar epidural steroid injection. The original utilization review, dated 09-16-2015, non-certified the request for EMG (electromyography)-NCS (nerve conduction study) of bilateral upper extremities; MRI of the cervical spine; MRI of the lumbar spine; and lumbar epidural steroid injection; and modified the request for chiropractic care x 12, to chiropractic care x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommend electrodiagnostic studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. This patient carries a diagnosis of cervical radiculopathy. EMG/NCS of bilateral upper extremities is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following

criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. MRI of the cervical spine is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise, which would warrant an MRI of the lumbar spine. MRI of the lumbar spine is not medically necessary.

Chiropractic care x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The request is for 12 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 12 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. The original reviewer modified the request to 6 sessions to comply with the MTUS Guidelines. Chiropractic care x 12 is not medically necessary.

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, 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. The medical record lacks sufficient documentation and does not support a referral request. Lumbar epidural steroid injection is not medically necessary.