

Case Number:	CM15-0059168		
Date Assigned:	04/03/2015	Date of Injury:	01/25/2013
Decision Date:	05/22/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/28/2015

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, Public Health & General Preventive 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 42-year-old male who reported an injury on 01/25/2013. The mechanism of injury was the injured worker was restraining a minor and twisted his back. The diagnoses included cervical/thoracic sprain and strain, lumbar sprain and strain, left elbow medial epicondylitis, and cubital tunnel syndrome. The injured worker had an EMG of the left upper extremity on 05/17/2013, which revealed a normal electromyography of the upper extremity, with no electrophysiologic evidence of cervical radiculopathy and there was cubital tunnel syndrome on the left. Prior therapies included physical therapy and medications. The documentation of 06/13/2014 revealed the recommendation was for an MRI of the cervical spine and to proceed with lumbar epidurals. The physician requesting the injured worker try inversion therapy, the belt snapped and the injured worker fell backwards, landing on his upper back and had bruising of the upper back. There were no sensory deficits in either upper extremity. The examination of the lumbar spine revealed decreased range of motion and stiffness of the lumbar spine causing low back pain and spasm. The injured worker had a positive straight leg raise on the right at 60 degrees causing low back pain and on the left, it caused right lower lumbar pain, and the pain went to the back of the left knee on attempt of sciatic stretch testing. There was a suggestion of weakness on the left ankle dorsiflexion as compared to the right of 4/5. The subsequent documentation of 02/23/2015 revealed the neck pain persisted with shooting pain in the left upper extremity and the left thumb remained numb. There was a positive Tinel's sign of the left elbow with paresthesia into the ulnar nerve distribution. There was a negative Tinel's in

the right elbow, bilateral wrists, and a negative Phalen's in the bilateral wrists and no sensory deficits. The examination of the lumbar spine revealed a positive leg raise on the left side and pain radiated to the left knee on attempt of sciatic stretch test. The straight leg raise on the right caused low back pain radiating to the right upper calf with tingling of the right lower extremity during the sciatic stretch test. The documentation indicated the injured worker had a significant finding at the C5-6 level, with a desiccated disc with a 5 to 6 mm left paracentral disc protrusion causing impression on the thecal sac and causing mild to moderate canal stenosis with no evidence of cord edema. There mild bilateral facet disease resulting in a moderate to severe left foraminal stenosis and also moderate right foraminal stenosis. At C6-7, there was a desiccated disc with a 2 to 3 mm left lateral disc protrusion into the left neural foramen causing mild left foraminal stenosis. The injured worker needed an EMG/NCV of the upper extremities to confirm cervical radiculopathy, and needed physical therapy and epidural steroid injections for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the upper extremities: 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): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine states that electromyography (EMG) and nerve conduction velocities (NCV), including H reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms (or both) lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had previously undergone an EMG and nerve conduction study of the left upper extremity. There was a lack of documentation of a significant change in symptomatology or findings to support the necessity for a repeat evaluation. The documentation indicated the request had been made to confirm radiculopathy. If radiculopathy is clinically present, there is no necessity for an EMG. Additionally, there was a lack of documentation indicating a necessity for an EMG/NCV of the bilateral extremities as there were no objective findings related to the right arm/elbow/hand. Given the above, and the lack of documentation of exceptional factors, the request for an EMG/NCV of the bilateral upper extremities is not medically necessary. Additionally, there was a lack of documentation of a failure of conservative care directed specifically for the cervical spine.

MRI of the cervical spine: 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): 177-179.

Decision rationale: The ACOEM Guidelines indicate that for most injured workers presenting with true neck or upper back problems, special studies are not needed unless there has been a 3 to 4 week period of conservative care and observation that fails to improve symptoms. The criteria for ordering imaging studies include the emergence of a red flag, physiological evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of an anatomy prior to an invasive procedure. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, there was a lack of documentation of conservative care for 3 to 4 weeks. Additionally, there was a lack of documentation indicating if this was an initial study or a repeat study. Given the above, and the lack of clarification, the request for an MRI of the cervical spine is not medically necessary.

Cervical epidural x 1: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there are documented findings of radiculopathy upon physical examination that are corroborated by electrodiagnostic or MRI findings. There should be documentation of a failure of conservative care (including exercise, physical medicine, NSAIDs, and muscle relaxants). The clinical documentation submitted for review failed to provide documentation of objective findings of radiculopathy, including myotomal and dermatomal deficits to support the necessity for cervical epidural steroid injections. The official MRI was not provided for review. There was no electrodiagnostic evidence of radiculopathy. There was a lack of documentation of a failure of conservative care specifically directed at the cervical spine. The request as submitted failed to indicate the levels and laterality for the requested intervention. Given the above, the request for cervical epidural times 1 is not medically necessary.

Lumbar epidural x 1: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there are documented findings of radiculopathy upon physical examination that are corroborated by electrodiagnostic or MRI findings. There should be documentation of a failure

of conservative care (including exercise, physical medicine, NSAIDs, and muscle relaxants). The clinical documentation submitted for review indicated the injured worker had a suggestion of weakness of the left ankle dorsiflexor strength of 4/5. There was a lack of documentation of a failure of conservative care specifically directed at the lumbar spine. There was a lack of documentation of MRI and/or EMG findings. There was a lack of documentation of exceptional factors. The request as submitted failed to indicate the level and laterality. Given the above, the request for a lumbar epidural times 1 is not medically necessary.