

Case Number:	CM14-0177327		
Date Assigned:	10/30/2014	Date of Injury:	05/23/2001
Decision Date:	05/01/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old woman sustained an industrial injury on 5/23/2001. The mechanism of injury is not detailed. Current diagnoses include chronic cervical, thoracoscapular, and lumbosacral strains, progressive degenerative disc disease of the cervical, thoracic, and lumbar spine, progressive left brachial plexopathy, cubital tunnel syndrome, bilateral forearm extensor and flexor strain, left knee degenerative arthritis, bilateral lower extremity pain, status post multiple knee surgeries, status post concussion, and chronic situational anxiety. Treatment has included oral medications. Physician notes on a PR-2 dated 10/2/2014 show worsening cervical thoracoscapular, right shoulder, and upper extremity pain with associated weakness, numbness, and tingling. Recommendations include EMG and nerve conduction study, the past thirteen plus years of medical records be delivered to the QME, and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral Upper Extremities QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine

(ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 11, page 261, "Appropriate electrodiagnostic studies" (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: The injured worker is being treated for chronic neck pain and cervical radiculopathy. Records indicate a progression of cervical neck pain. She is status post cervical epidural steroid injection on 11/13/14 with greater than 65% pain relief for 4 months. Nerve conduction studies and electromyography was performed on 6/25/14, which indicated evidence of carpal tunnel syndrome, right lower brachial plexopathy and cervical radiculopathy. Request is being made for repeat nerve conduction studies and electromyography in addition to 3 cervical epidural steroid injections at C6-7. Records indicate primary signs symptoms of neck pain flare up with radiation into the right upper limb and associated nondermatomal right upper limb numbness. Repeat nerve conduction studies would not provide additional diagnostic data over physical examination. Request for nerve conduction studies is therefore not medically necessary.

NCS Bilateral upper extremities QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 11, page 261, "Appropriate electrodiagnostic studies" (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: The injured worker is being treated for chronic neck pain and cervical radiculopathy. Records indicate a progression of cervical neck pain. She is status post cervical epidural steroid injection on 11/13/14 with greater than 65% pain relief for 4 months. Nerve conduction studies and electromyography was performed on 6/25/14, which indicated evidence of carpal tunnel syndrome, right lower brachial plexopathy and cervical radiculopathy. Request is being made for repeat nerve conduction studies and electromyography in addition to 3 cervical epidural steroid injections at C6-7. Records indicate primary signs symptoms of neck pain flare up with radiation into the right upper limb and associated nondermatomal right upper limb numbness. Repeat Electromyography would not provide additional diagnostic data over physical examination findings. Request for repeat electromyography is therefore not medically necessary.

Cervical Epidural Steroid Injections, focused on C6-7 level (series of 3) QTY: 3: Upheld

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

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

Decision rationale: The injured worker is being treated for chronic neck pain and cervical radiculopathy. Records indicate a progression of cervical neck pain. She is status post cervical epidural steroid injection on 11/13/14 with greater than 65% pain relief for 4 months. Nerve conduction studies and electromyography was performed on 6/25/14, which indicated evidence of carpal tunnel syndrome, right lower brachial plexopathy and cervical radiculopathy. Request is being made for repeat nerve conduction studies and electromyography in addition to 3 cervical epidural steroid injections at C6-7. Records indicate primary signs symptoms of neck pain flare up with radiation into the right upper limb and associated nondermatomal right upper limb numbness. Series of 3 injections for either diagnostic or therapeutic purposes. The request for series of 3 epidural steroid injections is therefore not medically necessary. Patient may benefit from one repeat epidural steroid injection with subsequent evaluation for additional injections after response is evaluated.