MAXIMUS Federal Services

Case Number:	CM14-0213681		
Date Assigned:	12/31/2014	Date of Injury:	04/17/1996
Decision Date:	03/11/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/22/2014

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: New York
Certification(s)/Specialty: Internal 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 claimant is a 63 yo female who sustained an industrial injury on 04/17/1996. The mechanism of injury was not provided for review. Her diagnoses include neck pain, low back pain, bilateral shoulder pain and right knee pain. Per the evaluation 04/24/2014 the claimant has persistent neck and low back pain. On physical exam there was tenderness to palpation in the cervical and lumbar spine. There was a positive Spurling's test right greater than left and there was weakness in grip strength. There was positive straight leg raising and weakness in the hip flexors. Treatment has included medical therapy and physical therapy.The treating provider has requested a selective nerve block injection at bilateral C4, and nerve conduction studies of the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve block injection at bilateral C4.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45 (pdf format).

Decision rationale: Per California MTUS, epidural injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain.In this case there was an updated examination which revealed sensory changes in the C3-4 distribution however, the updated cervical MRI did not show evidence of foraminal stenosis. In addition, the most recent reports also indicates a request for bilateral C7 injections, but the request asks for C4 injections. Given the lack of corroborating findings on MRI of pathology at C4-5 medical necessity for the requested service has not been established. The requested service is not medically necessary.

Nerve conduction studies.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (ODG) Indications for EMG/NCV testing 2010 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine: Nerve conduction/Electromyography Testing 2012

Decision rationale: There is no documentation provided necessitating bilateral NCV testing of the upper and lower extremities. Per the medical documentation there is a history of upper extremity pain with subjective findings. There were also finings of sensory changes in the upper cervical distribution. The MRI failed to identify focal pathology correlating with the physical exam findings. In terms of the lower extremities, there are focal findings on the MRI that expalin the findings on physical exam. EMG and NCV studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Per the Official Disability Guidelines, EMG studies are are only recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities but the

addition of electromyography is generally not necessary. There is no specific indication for bilateral EMG/NCV of the upper and lower extremities. Medical necessity for the requested service has not been established. The requested service is not medically necessary.