

Case Number:	CM15-0114776		
Date Assigned:	06/23/2015	Date of Injury:	12/23/2014
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female sustained an industrial injury on 12/23/14. She subsequently reported left ankle, knee, arm, shoulder and neck pain. Diagnoses include migraine, rotator cuff syndrome, sprain of elbow and forearm, cervical postlaminectomy syndrome and lumbosacral spondylosis. Treatments to date include MRI and x-ray testing, H-wave therapy, physical therapy and prescription pain medications. The injured worker continues to experience neck pain, headache and left shoulder pain. Upon examination, cervical extension, lateral bend and rotation are restricted. There is tenderness to palpation in the bilateral upper to mid cervical lateral masses and occiput. Strength and sensation are within normal limits. Tinel's is positive at the left elbow. A request for Facet injection, cervical spine, right C2-3, C3-4, C4-5, x-ray of the cervical spine and Electromyogram (EMG)/Nerve conduction study (NCS) of the left upper extremity was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection, cervical spine, right C2-3, C3-4, C4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Criteria for the use of diagnostic blocks for facet nerve pain.

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), Facet joint diagnostic blocks.

Decision rationale: The claimant sustained a work injury in December 2014 due to a fall. She had a pre-injury history of a C5-7 anterior cervical decompression and fusion. When seen, there had been no improvement with physical therapy. She was having neck pain increased with movement. She was having left shoulder pain. She was having bilateral hand numbness. Pain was rated at 8/10. Physical examination findings included poor posture with decreased cervical spine range of motion. There was cervical tenderness. Spurling's maneuver producing upper back and bilateral shoulder pain. There was a positive Tinel's sign at the left elbow and positive ulnar collateral ligament stress testing. There was medial epicondyle tenderness. Shoulder impingement testing was positive. Imaging results were reviewed. These included a cervical spine x-ray in March 2015. Authorization for a three level right cervical facet block/injection, EMG/NCS testing of the left upper extremity, and a cervical spine x-ray were requested. Being requested is authorization for facet blocks on the right side above the fusion level. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include that no more than two joint levels are to be injected in one session. In this case, a three level injection is being requested which is not considered medically necessary.

X-ray of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

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), Radiography (x-rays).

Decision rationale: The claimant sustained a work injury in December 2014 due to a fall. She had a pre-injury history of a C5-7 anterior cervical decompression and fusion. When seen, there had been no improvement with physical therapy. She was having neck pain increased with movement. She was having left shoulder pain. She was having bilateral hand numbness. Pain was rated at 8/10. Physical examination findings included poor posture with decreased cervical spine range of motion. There was cervical tenderness. Spurling's maneuver producing upper back and bilateral shoulder pain. There was a positive Tinel's sign at the left elbow and positive ulnar collateral ligament stress testing. There was medial epicondyle tenderness. Shoulder impingement testing was positive. Imaging results were reviewed. These included a cervical spine x-ray in March 2015. Authorization for a three level right cervical facet block / injection, EMG/NCS testing of the left upper extremity, and a cervical spine x-ray were requested.

Applicable criteria for obtaining a cervical spine x-ray are chronic pain if this were to be the first study or in the setting of acute trauma. In this case, there is no identified acute injury and an x-ray was obtained in March 2015. The requested x-ray was not medically necessary.

Electromyogram (EMG)/Nerve conduction study (NCS) of the left upper extremity:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in December 2014 due to a fall. She had a pre-injury history of a C5-7 anterior cervical decompression and fusion. When seen, there had been no improvement with physical therapy. She was having neck pain increased with movement. She was having left shoulder pain. She was having bilateral hand numbness. Pain was rated at 8/10. Physical examination findings included poor posture with decreased cervical spine range of motion. There was cervical tenderness. Spurling's maneuver producing upper back and bilateral shoulder pain. There was a positive Tinel's sign at the left elbow and positive ulnar collateral ligament stress testing. There was medial epicondyle tenderness. Shoulder impingement testing was positive. Imaging results were reviewed. These included a cervical spine x-ray in March 2015. Authorization for a three level right cervical facet block / injection, EMG/NCS testing of the left upper extremity, and a cervical spine x-ray were requested. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, the claimant has findings of possible ulnar neuropathy at the left elbow and a history of a cervical spine fusion with possible instability. The requested testing is medically necessary.