

Case Number:	CM15-0070427		
Date Assigned:	04/17/2015	Date of Injury:	04/16/2013
Decision Date:	05/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/13/2015

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: Emergency 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 55 year old male, who sustained an industrial injury on 04/16/2013. He reported immediate pain to his left hand/wrist/fingers, left elbow, left shoulder blade, upper back and neck. Treatment to date has included cervical epidural steroid injection, medications and a MRI. According to a progress report dated 03/10/2015, the injured worker complained of pain to the neck that radiated to the upper back, left shoulder pain, left elbow pain and left wrist/hand /fingers. Diagnoses included left parascapular sprain with myofasciitis, left shoulder minimal tendinosis of the rotator cuff tendon; posterior superior labral tear with associated paralabral cyst and degeneration of the anterior superior labrum per MRI of 01/16/2014, left elbow sprain/strain, left wrist sprain/strain. MRI results of the spine were also listed under diagnoses and included abnormal findings of the cervical and thoracic spine. Treatment plan included cervical epidural steroid injection and electromyography/nerve conduction studies of the bilateral upper extremities including the cervical nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

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

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

Decision rationale: The requested cervical epidural steroid injection, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has pain to the neck that radiated to the upper back, left shoulder pain, left elbow pain and left wrist/hand/fingers. Diagnoses included left parascapular sprain with myofasciitis, left shoulder minimal tendinosis of the rotator cuff tendon; posterior superior labral tear with associated paralabral cyst and degeneration of the anterior superior labrum per MRI of 01/16/2014, left elbow sprain/strain, left wrist sprain/strain. MRI results of the spine were also listed under diagnoses and included abnormal findings of the cervical and thoracic spine. The treating physician has documented current exam evidence of radiculopathy or objective evidence of functional improvement from a previous epidural injection such as decreased medication reliance or ADL improved functionality. The criteria noted above not having been met. Cervical epidural steroid injection is not medically necessary.

EMG/NCS study of the bilateral upper extremities including the cervical nerve roots:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The requested EMG/NCS study of the bilateral upper extremities including the cervical nerve roots is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 177-179, Special Studies and Diagnostic and Treatment Considerations, Special Studies and Diagnostic and Treatment Considerations, note "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." The injured worker has pain to the neck that radiated to the upper back, left shoulder pain, left elbow pain and left wrist/hand/fingers. Diagnoses included left parascapular sprain with myofasciitis, left shoulder minimal tendinosis of the rotator cuff tendon; posterior superior labral tear with associated paralabral cyst and degeneration of the anterior superior labrum per MRI of 01/16/2014, left elbow sprain/strain, left wrist sprain/strain. MRI results of the spine were also listed under diagnoses and included abnormal findings of the cervical and thoracic spine.

spine. The treating physician has documented current exam evidence of nerve impingement. The criteria noted above not having been met, EMG/NCS study of the bilateral upper extremities including the cervical nerve roots is not medically necessary.