

<b>Case Number:</b>	CM14-0100835		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/23/1996
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54-year-old female who has submitted a claim for cervical degenerative disc disease with radiculopathy and bilateral carpal tunnel syndrome associated with an industrial injury date of 04/23/1996. Medical records from 2014 were reviewed. The patient complained of pain and numbness at bilateral arms and hands. Physical examination showed tenderness at the paracervical muscles. Spurling's test, Phalen's and Tinel's sign were positive bilaterally. Sensation was diminished at bilateral upper extremities. EMG/NCV of bilateral upper extremities, dated 05/27/2014, showed mild right median mononeuropathy at the wrist. There was no evidence of radiculopathy or plexopathy. MRI of the cervical spine, dated 05/23/2014, showed multilevel degenerative disc disease with small disc protrusions and uncovertebral osteophytes at C3-C4, C4-C5, and C5-C6 causing mild central canal and mild to moderate neural foraminal stenosis. Treatment to date has included electrical stimulation, acupuncture and physical therapy. Utilization review from 05/28/2014 denied the request for MRI of the cervical spine because of no documented neurologic dysfunction; modified the request for Acupuncture 2x6 (bilateral wrist) into 2 x 3 weeks as initial trial; denied Chiropractic Treatment 2x6 (bilateral wrist) because it was not recommended as treatment for forearm, wrist or hand; denied EMG/NCV of bilateral upper extremities because there were no subtle focal neurologic deficits; and denied Teach Tech Stim Unit with Sock and Glove because of no documentation concerning failure of attempt at conservative treatment including activity modification, acupuncture, physical therapy and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 4/14/14), Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** The California MTUS ACOEM guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, patient complained of pain and numbness at bilateral arms and hands. Physical examination showed tenderness at the paracervical muscles. Spurling's test, Phalen's and Tinel's sign were positive bilaterally. Sensation was diminished at bilateral upper extremities. However, there was no data on motor exam and reflexes. Moreover, there was no discussion that patient had failed conservative management involving acupuncture and physical therapy to warrant further investigation by utilizing MRI. Of note, MRI of the cervical spine was accomplished on 05/27/2014 demonstrating multilevel degenerative disc disease with mild central canal and mild to moderate neural foraminal stenosis. Therefore, the request for MRI of the cervical spine is not medically necessary.

**Acupuncture 2x6 (bilateral wrist): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient has received acupuncture treatment in the past; however, the exact number of visits was not documented in the medical records submitted. Patient reported symptom relief; however, there was no objective evidence presented to support functional improvement or decreased medication-usage to warrant additional acupuncture sessions. Therefore, the request for Acupuncture 2x6 (bilateral wrist) is not medically necessary.

**Chiropractic Treatment 2x6 (bilateral wrist): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Therapy Page(s): 58-59.

**Decision rationale:** As stated on pages 58-59 of California MTUS Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. Manipulation therapy is not recommended as treatment for forearm, wrist and hand. In this case, patient complained of pain and numbness at bilateral arms and hands. Symptoms persisted despite acupuncture and physical therapy; hence, this request for chiropractic care. However, the guidelines do not recommend manipulation therapy as treatment for wrist complaints. Therefore, the request for Chiropractic Treatment 2x6 (bilateral wrist) is not medically necessary.

**EMG Bilateral Upper Extremity:** 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): 537.

**Decision rationale:** The California MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of pain and numbness at bilateral arms and hands. Physical examination showed positive Spurling's test, Phalen's and Tinel's sign bilaterally. Sensation was diminished at bilateral upper extremities. However, clinical manifestations are not consistent with focal neurologic dysfunction to warrant further investigation by utilizing EMG. Guideline criteria were not met. Therefore, the request for EMG of the bilateral upper extremities is not medically necessary.

**NCV Bilateral Upper Extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Nerve Conduction Studies; Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

**Decision rationale:** The California MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, Official Disability Guidelines states that nerve conduction studies (NCS) is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, Nerve Conduction Studies in Polyneuropathy, cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of pain and numbness at bilateral arms and hands. Physical examination showed positive Spurling's test, Phalen's and Tinel's sign bilaterally. Sensation was diminished at bilateral upper extremities. Clinical manifestations are consistent with neuropathy; hence, NCV testing may be warranted. Therefore, the request for NCV of the bilateral upper extremities is medically necessary.

**Teach Tech Stim Unit with Sock and Glove:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

**Decision rationale:** Page 114 of California MTUS Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. Tech Stim Unit is a form of electrical stimulation therapy. In this case, patient had previous use of Tech Stim Unit and reported beneficial effects from its use. However, there was no documentation of objective functional improvement associated with its use. The medical necessity cannot be established due to insufficient information. Moreover, the request failed to specify body part to be treated, duration of intended use and if the device is for rental or purchase. Therefore, the request for Teach Tech Stim Unit with Sock and Glove is not medically necessary.