

<b>Case Number:</b>	CM14-0103358		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 66 year old male with a work injury dated 3/8/11. The diagnoses include repetitive strain injury, cervical, thoracic, lumbosacral sprain/strain injury, right shoulder rotator cuff injury, right shoulder sprain/strain injury, left shoulder rotator cuff injury, left shoulder sprain/strain injury, radicular syndrome of the upper extremities. Under consideration is a request for physical therapy x 4, medial branch block C5-T1, bilateral wrist brace #2, bilateral cubital tunnel splints #2. There is a follow up panel QME report dated 5/2/13 that states that on examination the patient has decreased cervical, thoracic and lumbosacral range of motion and associated local tenderness. He has positive Tinel and Phalen tests at wrist and hand. Deep tendon reflexes are 2/2 for biceps, triceps, brachioradialis, and knee and ankle joint. Motor strength is 5/5 in both upper and lower extremities. There is positive straight leg rising on the left leg. Light touch sensation is slightly decreased in the elbow region. The treatment plan states that additional conservative treatment should be provided such as cortisone injection for his peripheral neuropathy. Lumbar epidural steroid injection for his low back and left leg pain also should be provided as epidural injection. The patient should be engaged in home exercises to improve his strength, endurance, and flexibility. Use of TENS unit also can be provided for the patient. He should be referred to orthopedic upper extremity specialist if conservative treatment fails for other treatment consideration such as surgical intervention for the bilateral carpal tunnel syndrome. A 5/30/13 bilateral cervical facet joint injection at C4-5, C5-6, and C6-7 was requested. 5/2/13 Electrodiagnostic study revealed that there is electrophysiologic evidence for bilateral median neuropathy at wrists consistent with bilateral carpal tunnel syndrome. There is also finding of bilateral ulnar neuropathy at elbows. There is a 4/21/14 office visit that states that the patient has neck pain and bilateral upper extremity pain. Pain is intermittent and made worse

with lifting. Acupuncture, chiropractic manipulation, and physical therapy all have been helpful, but none of them offered sustained pain relief. Per documentation the patient had C4-5, C5-6, and C6-7 facet joint injections bilaterally, which improved his pain by about sixty percent (60%). There was an EMG/NCS which was consistent with bilateral carpal tunnel syndrome and bilateral ulnar neuropathy at the elbows. On exam the cervical paraspinals are taut and tense in nature. There is slight pain to palpation along the paraspinals. The plan includes physical therapy to have his home exercise program evaluated for proper technique and to treat his acute flare. A positive response to medial branch blocks will allow for consideration of medial branch neurotomy. A Cervical spine MRI dated April 18, 2012 revealed evidence of an annular disk osteophyte complex with uncovertebral spurring eccentric to the left at C6-C7. There is severe bilateral foraminal stenosis and moderate narrowing of the central canal and the central/left paracentral. There is protrusion at C5-C6 and mild to moderate narrowing at the central canal at this level. There is a small central protrusion and annular bulge at C4-C5, mildly narrowing central canal. Additionally, the uncovertebral had spurring with an annular bulge at C3-C4 resulting in moderate left and mild right foraminal stenosis. The central canal is mildly narrowed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** Physical Therapy x 4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had prior therapy. The request as written does not specify which body part the therapy is for. The patient should not require 4 sessions to learn a home exercise program which by now he should be versed in. The request for physical therapy x 4 is not medically necessary.

#### **Medical Branch Block C5-T1: 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck: Facet joint diagnostic blocks.

**Decision rationale:** Medial branch block C5-T1 is not medically necessary per the MTUS and the ODG guidelines. The ODG states that no more than 2 joint levels are injected in one session. The MTUS ACOEM guidelines states that invasive techniques (e.g. such as injection of facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in

treating acute neck and upper back symptoms. The documentation is requesting injections for more than 2 joint levels therefore the request for Medial branch block C5-T1 is not medically necessary.

**Bilateral Wrist Brace #2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263, 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome-splinting.

**Decision rationale:** Bilateral wrist brace #2 is not medically necessary per the MTUS and the ODG guidelines. The ODG recommends splinting of wrist in neutral position at night & day as an option in conservative treatment. The ACOEM MTUS guidelines state that initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modification. There are no objective and subjective findings consistent with median neuropathy at the carpal tunnel therefore the request for bilateral wrist brace #2 is not medically necessary.

**Bilateral Cubital Tunnel Splints #2: 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18, 19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow- Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

**Decision rationale:** Bilateral Cubital Tunnel Splints #2 are not medically necessary per the MTUS and the ODG guidelines. The ODG guidelines state that a splint can be used for a 3-month trial period at night and to consider daytime immobilization for 3 weeks if symptoms do not improve with splinting. The ACOEM MTUS guidelines state that while there is insufficient evidence, these treatment options are recommended elbow padding can be used for relief of symptoms. The documentation does not indicate subjective or objective signs and symptoms of ulnar neuropathy at the elbow such as fifth and medial fourth digit numbness. The request for Bilateral Cubital Tunnel Splints #2 is not medically necessary.