

<b>Case Number:</b>	CM14-0109726		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Interventional Spine and is licensed to practice in California. 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 35-year-old female with a date of injury of 01/08/2014. The listed diagnoses include cervical musculoligamentous sprain/strain with spondylosis; lumbar musculoligamentous sprain/strain with facet degeneration; bilateral shoulder tendinitis; bilateral elbow medial and lateral epicondylitis and a proximal forearm flexor and extensor muscle strain; bilateral wrist tendinitis and carpal tunnel syndrome; bilateral knee sprain/strain; patellofemoral arthralgia; and left foot contusion. According to doctor's first report 05/22/2014, the patient presents with onset of symptoms involving her shoulders, elbows, wrists, hands, neck, and back. She has also developed chest pain, difficulty breathing, knee pain, and right foot pain. The examination of the cervical spine revealed mild paraspinal, trapezius muscle tenderness, spasm bilaterally, and decreased range of motion. The examination of the lumbar spine revealed mild paraspinal muscle tenderness and spasm and tenderness over the sacroiliac joint with pain. The straight leg raising test is negative. The examination of the shoulder revealed tenderness over the subacromial region, acromioclavicular joints, supraspinatus tendons, and parascapular muscles bilaterally. Impingement test and cross arm test are positive bilaterally. Range of motion is decreased on all planes. The examination of the bilateral elbow and forearm revealed tenderness over the medial and lateral epicondyles as well as proximal forearm flexor and extensor muscle masses bilaterally. Pain is increased with Cozen's test and reverse Cozen's test bilaterally. Tinel's sign at the ulnar grooves and bent elbow test are negative. The examination of the bilateral wrist and hands revealed tenderness over the wrist flexor and extensor tendons. Tinel's sign and Phalen's sign are positive bilaterally. Neurological examination revealed decreased sensation to pinprick involving both hands in the median nerve distribution. The treating physician recommends acupuncture 2 times a week for 3 weeks, Robaxin 750 mg #60, and home

interferential unit to help control pain and spasm as well as an EMG of the bilateral upper extremity to rule out carpal tunnel syndrome or cervical radiculopathy. Utilization review denied the request on 06/24/2014.

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

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

**Robaxin 750mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** This patient presents with onset of symptoms involving her shoulders, elbows, wrists, hands, neck, and back. The treating physician is requesting Robaxin 750 mg #60 "for treatment of spasm to resume activity and function." The MTUS Guidelines state cyclobenzaprine is recommended for short course of therapy of 3 to 4 days for acute spasms and no more than 2 to 3 weeks. The MTUS Guidelines does not recommend long-term use of muscle relaxant nor recommends for chronic use. In this case, the treating physician is prescribing Robaxin #60 for long-term use therefore, the request is not medically necessary.

**Acupuncture 2 times a week for 3 weeks: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines - TWC.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back

Pain:[http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS\\_FinalCleanCopy.doc\(2\) Acupuncture Medical Treatment Guidelines](http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.doc(2) Acupuncture Medical Treatment Guidelines)The Acupuncture Medical Treatment Guidelines set forth in this subdivision shall supersede the text in the ACOEM Practice Guidelines, Second Edition, relating to acupuncture, except for shoulder complaints, and shall address acupuncture treatment where not discussed in the ACOEM Practice Guidelines.(A) Definitions:(i) "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm.(ii) "Acupuncture with electrical stimulation" is the use of electrical current (micro- amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation,

analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites.(iii) "Chronic pain for purposes of acupuncture" means pain that persists for at least 30 days beyond the usual course of an acute disease or a reasonable time for an injury to heal or that is associated with a chronic pathological process that causes continuous pain (e.g., reflex sympathetic dystrophy). The very definition of chronic pain describes a delay or outright failure to relieve pain associated with some specific illness or accident.(B) Indications for acupuncture or acupuncture with electrical stimulation include the following presenting complaints in reference to the following ACOEM Practice Guidelines Chapter Headings:(i) Neck and Upper Back Complaints(ii) Elbow Complaints(iii) Forearm, Wrist, and Hand Complaints(iv) Low Back Complaints(v) Knee Complaints(vi) Ankle and Foot Complaints(vii) Pain, Suffering, and the Restoration of Function(C) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(i) Time to produce functional improvement: 3 to 6 treatments.(ii) Frequency: 1 to 3 times per week(iii) Optimum duration: 1 to 2 months(D) Acu.

**Decision rationale:** This patient presents with onset of symptoms involving her shoulders, elbows, wrists, hands, neck, and back. The treating physician is requesting authorization for a course of acupuncture treatment to the neck, back, shoulders, elbows, wrist, knees, and for the left foot 2 times per week for 3 weeks to reduce pain and allow patient to participate in a home exercise program. For acupuncture, the MTUS guideline recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. Utilization review denied the request stating evidence-based guidelines indicate that acupuncture is not recommended for carpal tunnel syndrome. In this case, the medical file provided for review does not indicate the patient has had acupuncture treatments in the past. The treating physician is requesting initial 6 visits for treatment of multiple body parts and this request is within guidelines. Therefore, the request is medically necessary.

**EMG of the Bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** This patient presents with onset of symptoms involving her shoulders, elbows, wrists, hands, neck, and back. The treating physician is requesting an EMG of the bilateral upper extremities to rule out carpal tunnel syndrome or cervical radiculopathy. Utilization review denied the request stating "there is clear evidence of cervical radiculopathy at these levels on examination; the requested EMG is not established." ACOEM Guidelines states that electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. In this case, the patient has radiation of symptoms to the upper extremity with weakness of the left thumb abductors, finger extensors, and small finger with decreased sensation. The medical file provided for review does not indicate the patient has

had prior EMG studies and an EMG at this time for further investigation is reasonable. Therefore, this request is medically necessary.

**Home inferential unit:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** This patient presents with onset of symptoms involving her shoulders, elbows, wrists, hands, neck, and back. The treating physician is requesting authorization "for a home interferential unit to help control pain and spasm." The MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." For indications, MTUS mentions intolerability to medications, post-operative pain, history substance abuse, etc. For these indications, one-month trial is then recommended. In this case, the treating physician's request lacks duration and time-frame. Therefore, the request is not medically necessary.