MAXIMUS Federal Services

Case Number:	CM15-0018253		
Date Assigned:	02/06/2015	Date of Injury:	10/20/2014
Decision Date:	04/01/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/30/2015

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: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on October 20, 2014. She has reported pain in the neck and upper back. The diagnoses have included cervical spine radiculitis/radiculopathy, lumbar spine radiculitis and radiculopathy, right shoulder sprain/strain and left shoulder sprain/strain. Treatment to date has included Radiographic imaging, diagnostic studies, physical therapy, conservative therapies, pain medications and work duty modifications. Currently, the IW complains of pain in the neck, upper back, abdomen and lower extremities with associated jaw pain and nausea. The injured worker reported an industrial injury in 2014, resulting in persistent pain as previously noted, in spite of the conservative therapy measures and pain medications. On October 23, 2014, the injured worker reported to an emergency room for rib pain following the fall at work a week earlier. She was treated with intramuscular pain medications. Magnetic resonance imaging was performed on December 11, 2014, of the left and right shoulder revealing supraspinatus and infraspinatus tendinosis and mild bursitis. On December 16, 2014, evaluation revealed continued pain. She reported the abdominal pain was aggravated by the back brace. She was noted to have undergone radiographic imaging with dark colored vomiting following the test. On December 18, 2014, magnetic resonance imaging of the brain secondary to headaches revealed no acute abnormalities. On January 6, 2015, Utilization Review non-certified a request for physical therapy of the lumbar spine and bilateral shoulders two times a week for six weeks, EMG-NCV of the bilateraql upper and lower extremities, a cervical pillow and a guided corticosteroid injection of the bilateral shoulders, noting the MTUS, ACOEM Guidelines, (or ODG) was

cited. On January 30, 2015, the injured worker submitted an application for IMR for review of the above request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 to the cervical, lumbar spine, and bilateral shoulders: Upheld

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

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

Decision rationale: This patient continues to complain of neck, low back, and bilateral shoulder pain. The pain radiates down to the upper and lower extremities. The current request is for physical therapy 2 x 6 to the cervical, lumbar spine, and bilateral shoulders. The treating physician states that the focus of physical therapy should include "strength training, increasing range of motion, and decreasing pain." For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms 9 to 10 sessions over 8 weeks. This patient has a date of injury of 10/20/2014. The medical file provided for review includes treatment reports from 10/23/2014 through 12/17/2014. There is no indication that the patient is trialed physical therapy. In this case, given the patient's continued pain, a short course of 9 to 10 sessions may be indicated. However, the treating physician's request for initial 12 sessions exceeds what is recommended by MTUS. The request is not medically necessary.

EMG-NCV of the bilateral upper and lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 303. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 260-262, 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter regarding nerve conduction studies/EMG studies.

Decision rationale: This patient continues to complain of neck, low back, and bilateral shoulder pain. The current request is for EMG-NCV of the bilateral upper and lower extremities. The utilization review denied the request stating that, "There is limited evidence of specific cervical radiculopathy findings or evidence that would indicate peripheral entrapment in the upper extremities." The EMG/NCV of the bilateral lower extremity was denied due to the fact that "the claimant is less than 3 months status post injury and it is unclear if the claimant had failed the recent trial of conservative attempts for symptom management." ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG Guidelines states that EMG is recommended as an

option in selected cases. ODG further states regarding EDS in carpal tunnel syndrome, "recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurological dysfunction in patients with low back conditions lasting more than 3-4 weeks. ODG Guidelines has the following regarding EMG studies, "EMG (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMG are not necessary if radiculopathy is already clinically obvious. ACOEM is silent on NCV testing of the lower extremity. ODG under the low back chapter regarding nerve conduction studies states, "not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy." ODG Guidelines for electrodiagnostic studies (EDS), states "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back pain."There is no indication that prior EMG/NCV testing of the upper or lower extremities have been done. In this case, the patient continues to complain of upper and lower pain with radicular components. Further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. In this case, the treating physician is unclear if radiculopathy is present and requesting diagnostic studies for clinical verification. The requested EMG/NCV of the upper and lower extremity IS medically necessary.

Ultrasound guided corticosteroid injection to the bilateral shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter for steroid injection/criteria.

Decision rationale: This patient presents with continued complaints of neck, low back, and bilateral shoulder pain. The current request is for ultrasound-guided corticosteroid injection to the bilateral shoulders. The utilization review denied the request stating that there is limited evidence of failed recent trial conservative treatment to include brace, physical therapy, and medications to support the requested injection. ACOEM Guidelines page 207 chapter 9 for shoulder initial care states; "If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative therapy." The ODG Guidelines shoulder chapter for steroid injection/criteria states these are for: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder. This patient presents with pain in the bilateral shoulders with limited range of motion, functional deficits and positive impingement. The ACOEM and ODG Guidelines support shoulder injections. The current request for bilateral shoulder injections is medically necessary.

Cervical Pillow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines neck and upper back section for pillow.

Decision rationale: This patient presents with continued complaints of neck, low back, and bilateral shoulder pain. The current request is for a cervical pillow. The utilization review denied the request stating that there is no evidence that the claimant has failed or has attempted use of other devices to support the neck such as a towel roll with a pillow or exercises at home. The MTUS and ACOEM Guidelines do not specifically discuss cervical pillows. ODG Guidelines under the neck and upper back section for pillow states; "Recommended use of neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of neck support pillow during sleep; either strategy alone did not give the desired clinical benefit." The ODG Guidelines recommend neck support pillow in conjunction with daily exercise. Although the treating physician had made a request for physical therapy, there is no indication that the patient has previously or is currently participating in any sort of exercises. The requested cervical pillow is not medically necessary.