

<b>Case Number:</b>	CM15-0169922		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old female who sustained an industrial injury April 8, 2014, after a fall with pain to the right shoulder, upper trapezius area and neck. Past history included right arthroscopic rotator cuff repair with augmentation, subacromial decompression, excision distal clavicle, extensive debridement, and formation of tissue graft January 29, 2015, arthritis, and hypertension. Diagnoses are degeneration of cervical intervertebral disc; full thickness rotator cuff tear; carpal tunnel syndrome. According to an orthopedic consult dated July 27, 2015, the injured worker presented with continued persistent right sided neck pain which radiates into her right clavicle-pectoralis and across the top of her right shoulder and down her arm to her elbow. She reports whole arm and hand numbness usually at night and she is sleeping or when driving. Objective findings included; cervical spine-active range of motion crepitus and pain elicited by motion, flexion, extension, rotation and lateral flexion are normal, passive range of motion flexion, extension, rotation and lateral flexion normal; Spurling's test on right negative, Hoffman's reflex absent and brachioradialis reflex inverted reflex sign negative; Spurling's test on left negative Hoffman's sign absent, and brachioradialis reflex inverted reflex sign negative; Phalen's sign positive right wrist and Tinel's positive right elbow and wrist. At issue is the request for authorization for acupuncture two times a week for four weeks to the cervical spine and right shoulder, EMG-NCS (electromyogram and nerve conduction studies) cervical spine to bilateral upper extremities and intralaminar epidural injections at right C6-C7 one time. An MRI of the cervical spine performed October 10, 2014 (report present in the medical record) impression; no fracture evident; degenerative changes throughout the cervical spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Acupuncture two (2) times a week for four (4) weeks to the Cervical Spine and Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The claimant sustained a work injury in April 2014 and underwent a right shoulder arthroscopic rotator cuff decompression and repair in January 2015. She was seen for an initial evaluation by the requesting provider. She had completed 18 post-operative physical therapy treatments for the shoulder. She was having neck pain. Physical examination findings included cervical, sternocleidomastoid, and trapezius muscle tenderness. There was occipital and spinous process tenderness. There was pain and crepitus with cervical range of motion. Right Tinel and Phalen tests were positive. Spurlings testing was positive. An MRI of the cervical spine on 10/10/14 included findings of multilevel disc bulging with moderate foraminal stenosis at C5-6. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency or 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of guideline recommendations and no adjunctive treatment for the cervical spine is planned. The requested acupuncture treatments were not medically necessary.

### **EMG/NCS Cervical Spine to Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, Electromyography (EMG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant sustained a work injury in April 2014 and underwent a right shoulder arthroscopic rotator cuff decompression and repair in January 2015. The requesting provider saw her for an initial evaluation. She had completed 18 post-operative physical therapy treatments for the shoulder. She was having neck pain. Physical examination findings included cervical, sternocleidomastoid, and trapezius muscle tenderness. There was occipital and spinous process tenderness. There was pain and crepitus with cervical range of motion. Right Tinel and Phalen tests were positive. Spurlings testing was positive. An MRI of the cervical spine on 10/10/14 included findings of multilevel disc bulging with moderate foraminal stenosis

at C5-6. Electrodiagnostic testing (EMG/NCS) is generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Nerve conduction testing is recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Criteria include that the testing be medically indicated. In this case, the claimant has findings of right carpal tunnel syndrome but has not undergone conservative treatments for carpal tunnel syndrome such as physical therapy, medications, splinting, or a carpal tunnel injection and would not be a candidate for surgery. There would be no need to test the left upper extremity. This request is not medically necessary.

**Intralaminar Epidural Steroid Injections at Right C6-C7-One Time: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Online Version, Epidural steroid injection (ESI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant sustained a work injury in April 2014 and underwent a right shoulder arthroscopic rotator cuff decompression and repair in January 2015. The requesting provider saw her for an initial evaluation. She had completed 18 post-operative physical therapy treatments for the shoulder. She was having neck pain. Physical examination findings included cervical, sternocleidomastoid, and trapezius muscle tenderness. There was occipital and spinous process tenderness. There was pain and crepitus with cervical range of motion. Right Tinel and Phalen tests were positive. Spurling's testing was positive. An MRI of the cervical spine on 10/10/14 included findings of multilevel disc bulging with moderate foraminal stenosis at C5-6. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy and there were no reported complaints of radicular pain, defined as pain in dermatomal distribution. The requested epidural steroid injection was not medically necessary.