

<b>Case Number:</b>	CM15-0198940		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	11/30/2011
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 with an industrial injury date of 11-30-2011. Medical record review indicates she is being treated for cervical discopathy, left shoulder internal derangement, left cubital tunnel syndrome and left carpal tunnel syndrome. Subjective complaints (08-11-2015) included "increasing" neck and left upper extremity pain. "She attributes the aggravation of her symptomatology to working at a non-ergonomic work setting." Other complaints included "constant" pain in the cervical spine aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The pain is documented as radiating into the left upper extremity with numbness and tingling and associated with headaches that are "migranious" in nature as well as tension between the shoulder blades. The pain was rated as 8 out of 10. She also complained of "constant" pain in the left upper extremity, which was characterized as "throbbing and worsening" and was rated as 8 out of 10. Work status (08-11-2015) is documented as "can continue working modified duty." Prior treatment included "some acupuncture treatment (at least 9 sessions) which has helped her symptomatology." Other treatments included two cervical epidural injections and home exercise program. She received an injection of Toradol and vitamin B-12 at the 08-11-2015 visit. The provider as documents diagnostic reports in the 06-10-2015 progress note: MRI of the cervical spine (05-30-2012). Cervical 2-cervical 5: The disc height and signal are maintained at these levels. There is no compromise on the subarachnoid space, cord or neural foramina. Facets are unremarkable. Cervical 5-6: The disc height and signal are maintained at this level. There is no disc bulge or protrusion. There is no compromise on the

subarachnoid space, cord or neural foramina. Facets are unremarkable. There is a 2 mm anterior disc protrusion with encroachment on the anterior longitudinal ligament. Cervical 6-thoracic 2: The disc height and signal are maintained at these levels. There is no disc bulge or protrusion. There is no compromise on the subarachnoid space, cord or neural foramina. Facets are unremarkable. EMG-Nerve conduction studies (06-19-2012). No electro neurographic indicators of carpal tunnel syndrome or ulnar neuropathy were noted in the bilateral upper extremities. Electro myographic indicators of acute cervical radiculopathy were not noted. Physical exam of cervical spine (08-11-2015) revealed palpable paravertebral muscle tenderness with spasm. Axial loading compression test and Spurling's maneuver was positive. Range of motion was limited with pain. Other findings included tingling and numbness into the anterolateral shoulder and arm and lateral forearm and hand, greatest over the thumb. There was 4 out of 5 strength in the deltoid, biceps and wrist extensors, cervical 5 and cervical 6 innervated muscles. Exam of left upper extremity noted tenderness at the left shoulder subacromial space and acromioclavicular joint with positive impingement sign. There was tenderness at the olecranon fossa and a positive Tinel's sign to the elbow. Tinel's and Phalen's sign were positive at the wrist. There was pain with terminal motion. Sensation is documented as diminished in the ulnar and radial digits. On 09-18-2015, utilization review issued the following decision regarding the requested treatments: Ergonomic workstation and evaluation and adjustment; certified ergonomic evaluation only. Bilateral upper extremity EMG; non-certified. Acupuncture: 8 visits 2 times 4, cervical spine and left upper extremity; modified to 3 total acupuncture visits for the cervical spine and left upper extremity.

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

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

**Acupuncture: 8 visits 2 times 4, cervical spine and left upper extremity: Upheld**

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

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

**Decision rationale:** The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, there was record of having completed 14 sessions of acupuncture, which reportedly led to improved pain and function. However, the pain level before and after acupuncture was not noted sufficiently and the "functional gain" was measured in range of motion and not actual functions such as sleep duration/quality, activities of daily living, and work status, for example. Therefore, there was not sufficient evidence documented of significant long-term benefit with acupuncture, and this request is not medically necessary at this time.

**Bilateral upper extremity EMG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back chapter.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was clearly identified cervical neuropathy as suggested by subjective complaints and physical findings, without any significant indication for another diagnosis. MRI of the cervical spine was also approved. Therefore, the EMG is not likely to add any new information beyond what is already known and what the MRI elucidates, and this request is not medically necessary.

**Ergonomic work station and evaluation and adjustment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter, Ergonomics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back, Ergonomic interventions, Shoulder, Ergonomic interventions, Forearm, Wrist and Hand, Ergonomic interventions.

**Decision rationale:** The MTUS does not sufficiently address ergonomic workstation evaluations and adjustments. The ODG, however, states that for shoulder and neck complaints there is insufficient data from studies to recommend for or against such efforts. For wrist/hand complaints, using a computer keyboard with the forearms unsupported has been proposed as a causal factor for arm/hand diagnoses. For the majority of users, forearm support may be preferable to the "floating" posture in computer workstation setup. Again, there was insufficient research to recommend ergonomic work station changes to help prevent or treat injuries. In the case of this worker, lifting above her head and other movements during work were aggravating her physical symptoms. However, based on the limited data to support ergonomic workstation adjustments, this request is not medically necessary at this time. Common sense adjustments, however, can be implemented based on what aggravates her symptoms.