

<b>Case Number:</b>	CM15-0050030		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old woman sustained an industrial injury on 1/22/2010 due to cumulative trauma. Diagnoses include right cervical radiculopathy, possible thoracic outlet syndrome, chronic low back pain rule our sacroiliac joint arthritis, bilateral carpal tunnel syndrome with repair, degenerative arthritis at the base of both thumbs, pain to both acromioclavicular joints with right clavicular resection, pain and stiffness throughout the spine and extremities, gastroesophageal reflux disease, chronic insomnia, chronic anxiety and depression, and vitamin D deficiency. Treatment has included right shoulder acromioplasty and distal clavicle resection, bilateral carpal tunnel release, physical therapy, and medications. The injured worker had persistent neck and upper extremity pain for several years. Upper extremity nerve conduction studies and electromyogram of four extremities on 3/5/12 showed normal upper extremity studies, mild left median sensory slowing consistent with previous diagnosis of carpal tunnel syndrome, and normal lower extremity studies and lumbar and cervical EMG. Magnetic resonance imaging of the cervical spine on 2/23/15 showed moderate canal stenosis at C5-6 and C6-7 with mild neural foraminal narrowing at several levels, and mild degenerative disc disease. A report from the treating physician on 1/26/12 notes that the injured worker had physical therapy over a year ago with more than 12 sessions for neck and thoracic outlet syndrome. Physician notes dated 2/13/2015 show complaints of right neck, right leg, and mid thoracic spine pain. Recently, she has had complaints of bilateral thumb pain with numbness in the right thumb and tingling of all of the fingers and wakening at night with the right arm feeling cold. Examination showed no tenderness to percussion of the mid thoracic spine, decreased cervical range of motion, normal

upper extremity reflexes, decreased sensation throughout the right upper extremity, and symmetrical strength in both upper extremities. Examination of the low back showed stiffness, symmetrical deep tendon reflexes, and diminished sensation to pin over the left first web. The physician noted that the injured worker was totally disabled from all future gainful employment. Recommendations include updated x-rays of the cervical and thoracic spine, bilateral shoulders and hands, DEXA scan, serum vitamin D level, updated electromyogram/nerve conduction studies (EMG/NCS) of the bilateral upper and lower extremities, diagnostic anesthetic injections to both acromioclavicular joints, pain management consultation, diagnostic cervical and lumbar epidural injections, spine surgeon consultation, and physical therapy for the neck, thoracic outlets, and low back. On 2/26/15, Utilization Review (UR) non-certified requests for the items now under Independent Medical Review, citing the MTUS, ACOEM, and ODG.

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

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

**X-rays of the thoracic spine, cervical spine, both shoulders, and both hands:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): chapter 8 p. 177-179, 182; chapter 9. p. 207-209; chapter 11 p. 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: radiography.

**Decision rationale:** The ACOEM neck and upper back chapter states that for most patients presenting with neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. Cervical radiographs are noted to be most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. The ACOEM states that for most patients with hand and wrist problems, special studies are not needed until after a 4-6 week period of conservative care and observation. Radiographs may be obtained for acute injury with suspicion of fracture. Imaging studies may be warranted if the history and examination suggest specific disorders, such as infection. The ACOEM states that for most patients with shoulder problems, special studies are not needed unless a 4-6 week period of conservative care and observation fails to improve symptoms. There are certain exceptions, such as clinical diagnosis of acromioclavicular joint separation, initial or recurrent shoulder dislocation, and persistent shoulder pain associated with neurovascular compression symptoms. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. This injured worker had chronic neck and shoulder pain with associated arm symptoms. The treating physician has not provided specific indication for the x-rays requested. No red flags were discussed. There was no

acute injury or trauma and no discussion of potential fracture. Neck surgery was discussed but the injured worker had undergone recent MRI of the cervical spine. Due to lack of specific indication, the requested x-rays are not medically necessary.

**Dexa scan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Screening for osteoporosis. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The MTUS does not address this test. The UpToDate guideline cited above lists the risk factors for fractures and the indications for this kind of test, based on age and other medical conditions. Indications include postmenopausal women 65 years of age and older, men age 70 and older, younger individuals with risk factor for fracture, adults who have a fracture after age 50, and adults with a condition or taking a medication associated with low bone mass or bone loss. None of these conditions were documented for this injured worker. Given the lack of any indications presented by the treating physician, request for dexa scan is not medically necessary per the cited guideline.

**Vitamin D level:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: vitamin D and Other Medical Treatment Guidelines UpToDate: Vitamin D deficiency in adults: Definition, clinical manifestations, and treatment. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The ODG states that vitamin D is not recommended for the treatment of chronic pain. Vitamin D supplementation is indicated for a documented vitamin deficiency. The UpToDate citation states that normal risk adults do not need assessment, but that it is appropriate to measure vitamin D level in individuals who are in high risk groups. Groups at high risk for vitamin D deficiency include those who are dark skinned, obese, taking medications that accelerate the metabolism of Vitamin D, hospitalized or institutionalized, and those with limited effective sun exposure, osteoporosis, or malabsorption. In high risk adults, follow up vitamin D measurements should be made approximately three to four months after initiating maintenance therapy to confirm that the target level has been achieved. This injured worker had a history of vitamin D deficiency, and the most recent progress note lists supplemental vitamin D as a current medication. The duration of use of the supplemental vitamin D was not discussed, and no prior vitamin D levels with dates of measurement were submitted. Due to lack of documentation of length of use of supplemental vitamin D in relation to any prior laboratory level of vitamin D,

which would be necessary to determine if measurement of vitamin D level is indicated at this time, the request for vitamin D level is not medically necessary.

**EMG/NCV of upper and lower extremities: 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 ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): chapter 8 p. 168-171, 182, chapter 11 p. 268-269, 272; ch 12 p. 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies; neck and upper back chapter: EMG, nerve conduction studies.

**Decision rationale:** The ACOEM recommends EMG (electromyogram) to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural steroid injection. Nerve conduction velocity (NCV) is recommended for median or ulnar impingement at the wrist after failure of conservative treatment. The ODG notes that EMG is moderately sensitive in relation to cervical radiculopathy. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG does not clearly demonstrate radiculopathy or is clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. The ACOEM states that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but that EMGs are not necessary if radiculopathy is already clinically obvious. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There are no reports from the prescribing physician which adequately describe neurologic findings that necessitate electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. This injured worker has had prior electrodiagnostic testing that was not discussed by the treating physician. No repeat testing would be indicated absent a significant clinical change as well as a discussion of those test results. Based on the current clinical information, electrodiagnostic testing is not medically necessary.

**Diagnostic injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** The records submitted indicate that this request is for diagnostic anesthetic injections to both acromioclavicular joints. The ACOEM recommends diagnostic lidocaine injections to distinguish pain sources in the shoulder area, such as impingement. The treating physician has not adequately described any recent symptoms or findings related to the acromioclavicular joints. A detailed examination of the shoulders was not documented. Due to lack of specific indication, the request for diagnostic injections is not medically necessary.

**Physical therapy biweekly x 6-12 weeks, to the neck and thoracic outlets:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): chapter 8 p. 174, chapter 9 p. 211-212, Chronic Pain Treatment Guidelines physical medicine Page(s): p. 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: physical medicine treatment; neck and upper back chapter: physical therapy.

**Decision rationale:** The ACOEM neck and upper back chapter recommends 1-2 physical therapy visits for education, counseling, and evaluation of home exercise. The ODG states that physical therapy is recommended for a total of 9 visits over 8 weeks for cervicalgia (neck pain) and cervical spondylosis, and 10 visits for sprains and strains of neck and displacement or degeneration of cervical intervertebral disc, with assessment after a six visit clinical trial. The ODG also recommends allowance for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home therapy. The use of active treatment instead of passive modalities is noted to be associated with substantially better clinical outcomes. The ACOEM notes that most patients with acute thoracic outlet compression symptoms will respond to a conservative program of global shoulder strengthening with specific exercises and ergonomic changes. This injured worker has already had at least 12 sessions of physical therapy for the neck and for thoracic outlet syndrome. There was no discussion of the results of this therapy, and there was no documentation of functional improvement, with work status noted as totally disabled. The MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process. The injured worker should have been able to transition to a home exercise program after the physical therapy already completed. The number of sessions requested is in excess of the number recommended by the guidelines. Due to lack of demonstration of functional improvement as a result of prior physical therapy, and number of sessions requested in excess of the guidelines, the request for Physical therapy biweekly x 6-12 weeks, to the neck and thoracic outlets is not medically necessary.

