

<b>Case Number:</b>	CM14-0136312		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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:

According to the records made available for review, this is a 55-year-old female with a 2/19/14 date of injury. At the time (8/1/14) of request for authorization for 6 visits of acupuncture, MRI of the cervical spine, ultrasound of the bilateral shoulders, EMG study of the right upper extremity, EMG study of the left upper extremity, NCV study of the right upper extremity, and NCV study of the left upper extremity, there is documentation of subjective (constant spasm of trapezius radiating to pectoral muscles down the upper extremities) and objective (tenderness over the bilateral trapezius, pectoralis, and suboccipital muscles, decreased cervical range of motion, and positive impingement test on bilateral shoulders) findings. The current diagnoses are cervical spine and trapezius sprain/strain, bilateral shoulder and periscapular strain, and bilateral upper extremities overuse syndrome. The treatment to date includes medications, physical therapy, and chiropractic therapy. Medical report identifies that the requested acupuncture is to decrease spasm, pain, inflammation, and work restrictions and to increase activities of daily living and range of motion. Regarding MRI of the cervical spine, there is no documentation of red flag diagnoses where plain film radiographs are negative; and physiologic evidence of tissue insult or neurologic dysfunction; or diagnosis of nerve root compromise, based on clear history and physical examination findings. Regarding ultrasound of the bilateral shoulders, there is no documentation of suspicion of rotator cuff or biceps tear when MRI is inconclusive or not feasible. Regarding EMG study of the right upper extremity, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment. Regarding EMG study of the left upper extremity, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment. Regarding NCV study of the right upper extremity, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment. Regarding

NCV study of the left upper extremity, there is no documentation of objective findings consistent with radiculopathy/nerve entrapment.

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

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

#### **6 visits of Acupuncture: Overturned**

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

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

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be 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, 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. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of cervical spine and trapezius sprain/strain, bilateral shoulder and periscapular strain, and bilateral upper extremities overuse syndrome. In addition, there is documentation that acupuncture will be used to reduce pain, reduce inflammation, increase range of motion, and reduce muscle spasm. Therefore, based on guidelines and a review of the evidence, the request for 6 visits of acupuncture is medically necessary.

#### **MRI of the Cervical Spine: 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 Page(s): 179-183.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnoses of cervical spine and trapezius sprain/strain, bilateral shoulder and periscapular strain, and bilateral upper extremities overuse syndrome. In addition, there is documentation of failure of conservative treatment (medications, physical therapy, and chiropractic therapy). However,

there is no documentation of red flag diagnoses where plain film radiographs are negative. In addition, despite documentation of subjective (constant spasm of trapezius radiating to pectoral muscles down the upper extremities) and objective (tenderness over the bilateral trapezius, pectoralis, and suboccipital muscles and decreased cervical range of motion) findings, there is no documentation of physiologic evidence of tissue insult or neurologic dysfunction,; or diagnosis of nerve root compromise, based on clear history and physical examination findings. Therefore, based on guidelines and a review of the evidence, the request for MRI of the cervical spine is not medically necessary.

**Ultrasound of the bilateral shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ultrasound, diagnostic.

**Decision rationale:** MTUS does not address this issue. The Official Disability Guidelines identifies documentation of suspicion of rotator cuff or biceps tear when MRI is inconclusive or not feasible, as criteria necessary to support the medical necessity of ultrasound. Within the medical information available for review, there is documentation of diagnoses of cervical spine and trapezius sprain/strain, bilateral shoulder and periscapular strain, and bilateral upper extremities overuse syndrome. However, there is no documentation of suspicion of rotator cuff or biceps tear when MRI is inconclusive or not feasible. Therefore, based on guidelines and a review of the evidence, the request for Ultrasound of the bilateral shoulders is not medically necessary.

**Electromyography (EMG) study of the right upper extremity: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of cervical spine and trapezius sprain/strain, bilateral shoulder and periscapular strain, and bilateral upper extremities overuse syndrome. In addition, given documentation of subjective findings (constant spasm of trapezius radiating to pectoral muscles down the upper extremities) and conservative treatment (medications, physical therapy, and chiropractic treatment), there is documentation of subjective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, despite documentation of objective findings

(tenderness over the bilateral trapezius, pectoralis, and suboccipital muscles and decreased cervical range of motion), there is no documentation of objective findings consistent with radiculopathy/nerve entrapment. Therefore, based on guidelines and a review of the evidence, the request for EMG study of the right upper extremity is not medically necessary.

**Electromyography (EMG) study of the left upper extremity: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of cervical spine and trapezius sprain/strain, bilateral shoulder and periscapular strain, and bilateral upper extremities overuse syndrome. In addition, given documentation of subjective findings (constant spasm of trapezius radiating to pectoral muscles down the upper extremities) and conservative treatment (medications, physical therapy, and chiropractic treatment), there is documentation of subjective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, despite documentation of objective findings (tenderness over the bilateral trapezius, pectoralis, and suboccipital muscles and decreased cervical range of motion), there is no documentation of objective findings consistent with radiculopathy/nerve entrapment. Therefore, based on guidelines and a review of the evidence, the request for EMG study of the left upper extremity is not medically necessary.

**Nerve Conduction Velocity (NCV) study of the right upper extremity: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of cervical spine and trapezius sprain/strain, bilateral shoulder and periscapular strain, and bilateral upper extremities overuse syndrome. In addition, given documentation of subjective findings (constant spasm of trapezius radiating to pectoral muscles down the upper extremities) and conservative treatment (medications, physical therapy, and chiropractic treatment), there is documentation of subjective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, despite documentation of objective findings

(tenderness over the bilateral trapezius, pectoralis, and suboccipital muscles and decreased cervical range of motion), there is no documentation of objective findings consistent with radiculopathy/nerve entrapment. Therefore, based on guidelines and a review of the evidence, the request for NCV study of the right upper extremity is not medically necessary.

**Nerve Conduction Velocity (NCV) study of the left upper extremity: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of cervical spine and trapezius sprain/strain, bilateral shoulder and periscapular strain, and bilateral upper extremities overuse syndrome. In addition, given documentation of subjective findings (constant spasm of trapezius radiating to pectoral muscles down the upper extremities) and conservative treatment (medications, physical therapy, and chiropractic treatment), there is documentation of subjective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, despite documentation of objective findings (tenderness over the bilateral trapezius, pectoralis, and suboccipital muscles and decreased cervical range of motion), there is no documentation of objective findings consistent with radiculopathy/nerve entrapment. Therefore, based on guidelines and a review of the evidence, the request for NCV study of the left upper extremity is not medically necessary.