MAXIMUS Federal Services

Case Number:	CM14-0144163		
Date Assigned:	09/12/2014	Date of Injury:	06/18/2012
Decision Date:	10/16/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	09/05/2014

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 Occupational 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 18, 2012.Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and work restrictions. In a Utilization Review Report dated August 10, 2014, the claims administrator denied a request for eight sessions of acupuncture, denied a request for cervical MRI imaging, denied a request for shoulder MRI imaging, denied a request for six sessions of extracorporeal shock wave therapy, denied a request for NCV/EMG/SSEP testing of the cervical spine. The claims administrator did invoke non-MTUS ACOEM Guidelines in the decision to deny acupuncture, along with MTUS Acupuncture Guidelines. ACOEM Acupuncture Guidelines did appear in the report rationale, however. The claims administrator stated that the applicant had had earlier acupuncture and has failed to respond favorably to the same. The applicant's attorney subsequently appealed. In a February 14, 2012 medical-legal evaluation, the applicant presented with ongoing complaints of neck pain, shoulder pain, headaches, dizziness, and depression. The applicant was not working, it was acknowledged. In a September 12, 2014 progress note, the applicant reported multifocal neck, left shoulder, low back, and upper back complaints with associated headaches, depression, and sleep disturbance. Authorization was sought for eight sessions of physiotherapy, eight sessions of acupuncture, eight sessions of chiropractic manipulative therapy, six sessions of work conditioning, six sessions of work hardening, continued psychological care, and an ophthalmology consultation. Multiple MRI studies, including MRI studies of the cervical spine with flexion-extension views, shoulder MRI imaging, and head/brain MRI imaging, were endorsed. The applicant was placed off of work, on total temporary disability. Topical compounded drugs, naproxen, Prevacid, and a Flurbiprofen containing topical compounded

cream were also sought. The cervical MRI imaging in question was apparently performed on August 4, 2014 and demonstrated nonspecific straightening of normal cervical lordosis with stable disk pathology. No additional pathology was revealed on this positional MRI. The left shoulder MRI in question was also performed on August 5, 2014 and demonstrated acromioclavicular arthritis, supraspinatus tendonitis, and infraspinatus tendonitis. The applicant apparently received electrodiagnostic of the bilateral lower extremities on August 7, 2014, which is notable for a possible chronic L4-L5 and L5-S1 radiculopathy. On July 11, 2014, eight sessions of acupuncture were sought. On August 7, 2014, the applicant seemingly underwent nerve conduction of the bilateral upper extremities suggestive of bilateral superficial peroneal neuropathies and/or a possible left tibial nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." The request, as written, thus, represents treatment at a rate, frequency, and overall amount in excess of MTUS parameters. While MTUS 9792.24.1.a.3 does support usage of acupuncture in the chronic pain context present here, in this case, it is noted that the attending provider failed to state how much (if any) prior acupuncture the applicant had or had not had as of the date additional acupuncture was sought, including September 12, 2014, July 28, 2014, and July 11, 2014. Therefore, the request is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back (Acute and chronic): Magnetic resonance imaging (MRI)

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there is no evidence that the applicant was considering or contemplating any kind of invasive procedure involving the cervical spine. The cervical MRI imaging in question was apparently performed without authorization and was, in fact, fairly

nondescript and failed to uncover any evidence of a lesion amenable to surgical correction. Therefore, the request was not medically necessary.

MRI of the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic): Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, routine MRI imaging of the shoulder for evaluation purposes without surgical indication is "not recommended." In this case, as with the request for the cervical MRI, the applicant already underwent the shoulder MRI in question. Like the cervical MRI, the shoulder MRI of August 2014 was fairly nondescript and failed to uncover a lesion amenable to surgical correction. There was no evidence, furthermore, that the applicant was intent on acting on the results of the shoulder MRI on or around the date of the request. There was no evidence that the applicant was actively considering or contemplating any kind of surgical intervention involving the left shoulder. Therefore, the request was not medically necessary.

6 Sessions of Shockwave Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that some medium quality evidence supports high-energy extracorporeal shock wave therapy for the specific diagnosis of calcifying tendonitis of the shoulder, in this case, however, there is no evidence that the applicant in fact carries such a diagnosis. Shoulder MRI imaging of August 2, 2014 was notable only for tendonitis without associated calcifications and acromioclavicular arthritis. The applicant, thus, does not carry a diagnosis of calcifying tendonitis of the shoulder for which extracorporeal shock wave therapy would be indicated. Therefore, the request is not medically necessary.

Electromyography (EMG) of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, page 182 does acknowledge that EMG testing is "recommended" to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively over four epidural steroid injection therapy, in this case, however, there is no evidence that the applicant would act on the results of the EMG testing in question. There is no evidence that the applicant is actively considering or contemplating any kind of invasive procedure or surgical intervention involving the cervical spine. Therefore, the request is not medically necessary.

Nerve Conduction Velocity (NCV) of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the routine usage of NCV testing for evaluation purposes or for screening purposes is deemed "not recommended." In this case, the attending provider sought authorization for the nerve conduction testing in conjunction with several other diagnostic modalities, including shoulder MRI imaging, cervical MRI imaging, EMG testing, SSEP testing, etc. It did not appear that the attending provider was intent on acting on the results of any of the diagnostic testing in question but, rather, was seemingly performing this and other tests for routine evaluation purposes which, per ACOEM, is not recommended. No compelling applicant-specific rationale for pursuit of nerve conduction testing in the face of the unfavorable ACOEM position on the same was proffered by the attending provider. It was not stated how the nerve conduction testing in question would influence or alter the treatment plan. Therefore, the request is not medically necessary.

Somatosensory Evoked Potentials (SSEP) of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that SSEPs are "optional in applicants in whom cervical spinal stenosis and/or cervical myelopathy is suspected, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider did not outline any clearly voiced suspicion of cervical myelopathy and/or cervical spinal stenosis here. Therefore, the request is not medically necessary.