

<b>Case Number:</b>	CM14-0185277		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 50 year old female with an injury date of 09/13/13. The most recent report provided is dated 03/17/14 and is a Psychological testing report with interpretation. All other reports discuss anxiety in the patient without other diagnoses. The next most recent report is from 11/14/13 and states that the patient presents for a follow up visit with pain rated 0/10. Prior reports state the patient experienced an anxiety attack while at work. Examination shows "negative" for all categories. The patient's diagnosis is Anxiety, State, Unspecified. The 03/17/14 testing report stated the patient is "somewhat depressed and anxious as a result of the workplace stress she experienced..." The utilization review being challenged is dated 10/10/14. The rationale regarding the chiropractic request is that the request for 12 sessions is modified to 6 sessions. Regarding the H-Wave unit it is that there is no evidence the device is indicated and there has been no failed trial of transcutaneous electrical nerve stimulation (TENS). The rationale regarding nerve studies is that there is inadequate time for conservative treatment and regarding the ultrasound is that diagnostic for shoulders is not recommended. Reports were provided from 10/03/13 to 03/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of chiropractic therapy with exercise rehabilitation and modalities to the neck, both shoulders and both wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation [http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS\\_FinalCleanCopy.doc](http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.doc), page 13 of 127

**Decision rationale:** The patient present with pain rated 0/10 and a diagnosis of anxiety. The treater requests for 12 sessions of chiropractic therapy (with exercise rehabilitation and modalities to the neck, both shoulders and both wrists). MTUS recommends an initial trail of 6 sessions of acupuncture and additional treatments with functional improvement. In this case, it appears that other treatment reports for the patient were considered by the utilization review of 10/10/14; however, only treatment reports from 10/03/13 to 03/17/14 discussing the patient's work stress and anxiety have currently been provided. There is no documentation of the patient's neck, shoulders or wrists. MTUS page 8 requires the physician to monitor the patient's progress and make appropriate recommendations. The request is not medically necessary.

#### **1 home H-wave unit:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave devices Page(s): 117, 8.

**Decision rationale:** The patient present with pain rated 0/10 and a diagnosis of anxiety. The treater requests for 1 home H-wave. MTUS guidelines regarding H-Wave devices page 117 state a 30 trail may be recommended "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." In this case, it appears that other treatment records were considered by the utilization review of 10/10/14; however, only treatment reports from 10/03/13 to 03/17/14 discussing the patient's work stress and anxiety have currently been provided. There is no evidence from the reports provided that the patient has soft tissue inflammation or neuropathy for which the device is indicated or that the patient has received a TENS trial. MTUS page 8 requires the physician to monitor the patient progress and make appropriate recommendations. The request is not medically necessary.

#### **1 bilateral nerve studies of the upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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 (Acute & Chronic) chapter, Electromyography (EMG) and (<http://www.odg-twc.com/odgtwc/neck.htm#Protocol>)

**Decision rationale:** The patient present with pain rated 0/10 and a diagnosis of anxiety. The treater requests for 1 bilateral nerve studies of the upper extremities. ODG guidelines Electromyography (EMG)/Nerve Conduction Study (NCS) topic state this testing is recommended depending on indications; EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "...NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In this case, it appears that other treatment records were considered by the utilization review of 10/10/14; however, only treatment reports from 10/03/13 to 03/17/14 discussing the patient's work stress and anxiety have currently been provided. There is no documentation provided for the patient's upper extremities. MTUS page 8 requires the physician to monitor the patient progress and make appropriate recommendations. The request is not medically necessary.

**1 bilateral diagnostic ultrasound of the shoulders: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Ultrasound, diagnostic

**Decision rationale:** The patient present with pain rated 0/10 and a diagnosis of anxiety. The treater requests 1 bilateral diagnostic ultrasound of the shoulders. ODG guidelines, Shoulder Chapter, Ultrasound, diagnostic states, "Recommended as indicated below. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. In this case, it appears that other treatment records were considered by the utilization review of 10/10/14; however, only treatment reports from 10/03/13 to 03/17/14 discussing the patient's work stress and anxiety have currently been provided. There is no documentation provided for the patient's shoulders. MTUS page 8 requires the physician to monitor the patient progress and make appropriate recommendations. The request is not medically necessary.