MAXIMUS Federal Services

Case Number:	CM15-0125105		
Date Assigned:	07/09/2015	Date of Injury:	04/30/2007
Decision Date:	08/21/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina
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 64-year-old female, who sustained an industrial injury on 4/30/07. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical disc degeneration/bulging; cervical radiculitis with radiculopathy. Treatment to date has included physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 2/9/15 indicated the injured worker is in the office for an orthopedic re-examination. The provider notes it has been greater than nine months since the injured worker was last seen in this office. A right shoulder revision surgery has been requested and authorized. On October 17, 2013, the injured worker underwent a right shoulder revision surgery with acromioclavicular joint reconstruction and pectoralis major myoplasty. Following the surgery, sherry completed postoperative physical therapy. The injured worker reports the surgery and physical therapy were of very little benefit. With respect to the cervical spine, the provider documents complaints of constant pain, moderate to severe in intensity. She complains of pressure sensations, cracking, stiffness, tightness, locking, aching and weakness. She reports the pain radiates distally throughout the bilateral upper extremities left greater than the right, into the arms, hands and fingers with accompanying aching, numbness and tingling. Her cervical symptoms are exacerbated with prolonged fixed positioning, side-to-side movements of the head, prolonged up and down gazing. She notes difficulty sleeping and her symptoms have worsened since her last office visit. The right shoulder has constant pain moderate to severe. She complains of sensitivity, weakness, aching, limited range of motion, and shock sensations. The symptoms of the right shoulder are more pronounced toward the front and on top of the right shoulder. She is unable to raise her arm and hand over the shoulder level. The lumbar spine notes complaints of moderate to severe pain with complaints of stiffness, tightness and knots. She has difficulty sleeping and wakes up with numbness and tingling sensation in the middle of the night. She reports bowel issues and constipation due to her symptoms. The pain radiates to the left lower extremity all the way into

the left foot with accompanying numbness and tingling. She reports she experienced two falls in 20014. One in August when she fell and injured her left knee and hand and one in December injuring her right knee and rib cage. She experienced pain at the time but no residual pain and these were not reported. She has an obvious deformity of the right clavicle with limited range of motion. Impingement sign and apprehension sign was negative. Examination of the hands indicated normal range of motion with negative Tinel's, Phalen's and Finkelstein's maneuver. After further review by the provider, he believes the injured worker has a neuroma, which is causing a very sensitive incision. The provider is requesting authorization of MRI cervical spine without contrast; EMG/NCV right upper extremity and acupuncture for the right shoulder twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Imaging, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. The provided progress notes shows evidence of physiologic tissue insult and neurologic dysfunction. Therefore, the request is medically necessary.

Electromyography/Nerve Conduction Velocity right upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines, Electromyography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities(NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with

neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The provided documentation does not show any signs of emergence of red flags or physiologic evidence of tissue insult or neurologic dysfunction. There is no mention of planned invasive procedures. There are no subtle neurologic findings listed on the physical exam. For these reasons criteria for special diagnostic testing has not been met per the ACOEM. Therefore, the request is not medically necessary.

Acupuncture for the right shoulder, twice a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used 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. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments. 2. Frequency: 1-3 times per week. 3. Optimum duration is 1-2 months. 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 12 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore, the request is in excess of the recommended initial treatment sessions and not medically necessary.