MAXIMUS Federal Services

Case Number:	CM15-0129102		
Date Assigned:	07/15/2015	Date of Injury:	04/23/2015
Decision Date:	08/24/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/02/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on April 23, 2015. The injured worker reported that she was trying to avoiding tripping and caught herself, but noted a shooting pain with numbness into the left lateral arm to the hand. The injured worker was diagnosed as having herniation of the cervical intervertebral disc with radiculopathy, cervical spondylosis, left rotator cuff tear, disorder of the rotator cuff, frozen shoulder syndrome, and generalized anxiety disorder. Treatment and diagnostic studies to date has included home exercise program, acupuncture, medication regimen, use of an arm sling, x-ray of the left shoulder, magnetic resonance imaging of the left shoulder, and magnetic resonance imaging of the cervical spine. In a progress note dated June 11, 2015 the treating physician reports guarding of the left arm, nocturnal pain with insomnia and fatigue during the day, numbness to the left hand, restricted left arm mobility. Examination reveals guarding of the left upper extremity, decreased range of motion to the left shoulder, weakness to the rotator cuff, and tenderness to the bilateral trapezius muscles. The treating physician noted magnetic resonance imaging of the cervical spine and the left shoulder that was revealing for foraminal extrusion at cervical six to seven, mild changes of spondylosis with central disc osteophyte at cervical five to six, high-grade partial thickness tear at the junction of the supraspinatus and infraspinatus tendons, mild infraspinatus tendinosis, mild subscapularis tendinosis, partial-thickness cartilage loss, partial thickness chondral fissure central glenoid, and lateral down-sloping acromion with narrowing of the lateral aspect to the supraspinatus outlet, and moderate acromioclavicular joint arthrosis. The medical records provided noted prior acupuncture of an unknown quantity, but the

documentation did not indicate if the injured worker experienced any functional improvement with prior acupuncture therapy. The treating physician requested six sessions of acupuncture treatment per the treating acupuncturists recommendations. The treating physician also requested an electromyogram with nerve conduction velocity of the cervical spine and upper extremities and six additional sessions of chiropractic therapy, but the documentation provided did not indicate the specific reason for the requested study and treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of cervical spine and upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Upper Back chapter: EMGs (electromyography).

Decision rationale: The patient presents with pain affecting the cervical spine and left shoulder. The current request is for EMG/NCV of cervical spine and upper extremities. The treating physician states in the report dated 6/11/15, "Electrodiagnostic studies EMG and nerve conduction velocity testing cervical spine and upper extremities should be obtained, requesting authorization". (32B) An MRI dated 5/13/15 showed a C6-7 4mm foraminal extrusion and a mild C5-6 broad based central disc osteophyte complex effacing the ventral subarachnoid space. The ODG guidelines state, "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful 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, the treating physician has documented that the patient has numbness into the left hand. An EMG/NCV would help rule out radiculopathy. The current request is medically necessary.

Acupuncture treatment, six (6) visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with pain affecting the cervical spine and left shoulder. The current request is for Acupuncture treatment, six (6) visits. The treating physician states in the report dated 6/11/15, "Her acupuncturist in her report May 25 indicated recommendation of 6 more sessions of acupuncture treatment, concurring with that". (32B) to date, the patient has completed 6 sessions of acupuncture. The Acupuncture Medical Treatment guidelines supports acupuncture treatment for neck/upper back complaints and states that the time to produce

functional improvement should be about 3-6 visits. In this case, the treating physician has documented that the patient has already completed an initial trial of acupuncture but there is no documentation of functional improvement to support continued acupuncture treatments. The current request is not medically necessary.

Chiropractic; additional six (6) visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back - Chiropractic guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with pain affecting the cervical spine and left shoulder. The current request is for Chiropractic, additional six (6) visits. The treating physician states in the report dated 6/16/15, "Additional chiropractic treatments, 6 sessions". (27B) to date, the patient has completed 6 sessions of chiropractic therapy. The MTUS guidelines state, "Recommended as an option. Therapeutic care, Trial of 6 visits, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks". In this case, the treating physician has not documented if the patient has had any functional improvement with the initial 6 sessions. The current request is not medically necessary.