

<b>Case Number:</b>	CM15-0068761		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	02/25/2010
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: New Jersey, Alabama,

California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 33 year old female with an industrial injury date of 06/26/2014. She describes the injury occurring when she was working as a cashier and was pulling a 24 pack of bottled water toward her. She states she felt a hot sharp pain in her arm moving towards her shoulder. She states her hand was stiff and her fingers, wrist and shoulder were in pain. Her diagnoses included cervical disc bulge with radiculitis, rotator cuff tear of right shoulder, lumbar disc herniation and status post right carpal tunnel release. Prior treatment included 2 surgeries of the right shoulder and 6 cervical epidural injections. Progress note dated 02/19/2015 states the injured worker is having right shoulder pain (8/10), neck pain (6/10), left shoulder pain (6/10) both wrists pain (6/10) which is no change since last visit. Physical exam of the cervical spine, lumbar spine and right shoulder revealed decreased range of motion. Bilateral wrist range of motion was decreased. MRI of cervical spine shows desiccation with normal stature and central disc protrusion. MRI of the right shoulder showed evidence of impingement of the acromion process impinging on the supraspinatus tendon in the rotator cuff. The treatment request is for interferential stimulator for chronic pain over 90 days, initial rental trial 60 days, EMG/NCV (electro diagnostic studies) of upper extremities and acupuncture. She was rated temporary total disability - 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 EMG (electromyography)/NCV (nerve conduction velocity) of the upper extremities:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 212, 33, 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** According to MTUS guidelines, (MTUS page 303 from ACOEM guidelines) “Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks.” EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. “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” (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). There is no documentation of peripheral nerve damage, cervical radiculopathy and entrapment neuropathy that requires electrodiagnostic testing. The patient underwent a decompression surgery in the wrist and shoulder regions and is not candidate for future surgery. There is no documentation of significant change in the patient's condition. Therefore, the request for 1 EMG (electromyography)/NCV (nerve conduction velocity) of the upper extremities is not medically necessary.

**1 interferential stimulator rental trial for 60 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

**Decision rationale:** According to MTUS guidelines, “Interferential Current Stimulation (ICS). Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non- interpretable for recommendation due to poor study design and/or methodologic issues. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider

licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.).” There is no clear evidence that the patient did not respond to conservative therapies, or have pain that limit her ability to perform physical therapy. There is no clear evidence that the neurostimulator will be used as a part of a rehabilitation program. In addition, there is limited evidence supporting the use of neuromuscular stimulator for chronic pain. Therefore, the request for interferential stimulator rental trial for 60 days is not medically necessary.