

<b>Case Number:</b>	CM13-0064688		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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, 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 injured worker is a 29-year-old female who reported injury on 08/05/2013. The mechanism of injury was the injured worker was at work when two robbers came in and pointed a gun at the employees demanding money and keys. The two men went to the manager and she gave them the keys. The burglars left the scene. The injured worker was released 3 hours later to go home. The documentation of 09/12/2013 revealed the injured worker had complaints of neck pain and tension radiating to both shoulders associated with a tingling sensation, rated an 8/10. The injured worker had constant, throbbing 8/10 bilateral shoulder pain with associated weakness and constant anxiety, stress, sadness, anger, and crying spells with insomnia and occasional sharp 8/10 headache pain radiating to the neck with associated weakness. Physical examination of the cervical spine revealed palpable tenderness of the bilateral suboccipital, paracervical, and trapezius muscles. The injured worker had palpable tenderness from C1-2 and C4-7 bilaterally. The injured worker had decreased range of motion of the cervical spine. The cervical distraction test was positive on the right. The shoulder depression test was positive bilaterally. The injured worker had palpable tenderness of the trapezius muscles bilaterally and painful limited range of motion of the shoulders. The injured worker had hypoesthesia bilaterally, plus 5/5 manual motor examination results bilaterally, and +2 deep tendon reflexes bilaterally. The diagnoses included cervical strain/sprain with musculoligamentous stretch injury, rule out radiculopathy; bilateral shoulder strain/sprain; post-traumatic cephalgia; anxiety; stress; nervousness; depression; and insomnia. The request was made for chiropractic manual therapy, application of in-facility physical modalities, low stress conditioning and aerobic exercises, cervical spine and bilateral shoulder x-rays to rule out fracture/dislocation, EMG/NCV studies of the bilateral upper extremities to rule out radiculopathy, psychological consultations for further evaluation of stress of anxiety, neurologic consultation for headaches, and a return in 4 to 6 weeks. Additionally, the

treatment plan included 12 to 16 functional restoration/work conditioning, chiropractic adjustments, and/or myofascial release/trigger point massage, augmented by modalities to further reduce pain and/or increase circulation to promote the 3 stages in healing of injured tissues, and a follow-up quantitative Functional Capacity Evaluation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ONE CHIROPRACTIC MANUAL THERAPY AND/OR MANIPULATIVE THERAPY BETWEEN 09/12/2013 AND 12/12/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The injury was not chronic in nature. As per the date of request, secondary guidelines were sought. Official Disability Guidelines indicate that the injured worker's complaints included neck complaints and musculoskeletal signs such as decreased range of motion and point tenderness in the neck. This would be graded a 2 per the Quebec Task Force whiplash grades. As such, a trial of 6 visits over 3 weeks would be appropriate chiropractic treatment. The request as submitted failed to indicate the body part to be treated with manipulative therapy. Given the above, the request for 1 chiropractic manual therapy and/or manipulative therapy between 09/12/2013 and 12/12/2013 is not medically necessary.

#### **ONE APPLICATION OF IN FACILITY PHYSICAL MODALITIES USEFUL TO FACILITATE FUNCTIONAL RESTORATION ACTIVITIES BETWEEN 9/12/2013 AND 12/12/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. As this was an injury that was not chronic in nature, as per the date of request, secondary guidelines were sought. Official Disability Guidelines indicate that the injured worker's complaints included neck complaints and musculoskeletal signs such as decreased range of motion and point tenderness in the neck. This would be graded a 2 per the Quebec Task Force whiplash grades. As such, a trial of 6 visits over 3 weeks would be appropriate chiropractic treatment. The request as submitted failed to indicate the body part to be treated with the application of in-facility physical

modalities. Given the above, the request for 1 application of in-facility physical modalities useful to facilitate functional restoration activities between 09/12/2013 and 12/12/2013 is not medically necessary.

**ONE CERVICAL SPINE AND BILATERAL SHOULDER X-RAY TO RULE OUT FRACTURE/DISLOCATION BETWEEN 9/27/2013 AND 9/27/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 177-178,207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine 2nd Edition (2004), Shoulder Chapter, Page 207-209, Chapter 8.

**Decision rationale:** ACOEM Guidelines indicate that for most patients with shoulder problems, special studies are not needed until a 4 to 6 week period of conservative care and observation fails to improve symptoms. The clinical documentation submitted for review failed to indicate the injured worker had 4 to 6 weeks of conservative care. If the injured worker had the care, there was a lack of documentation indicating what that care consisted of. Regarding the cervical spine, ACOEM Guidelines indicate that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The clinical documentation submitted for review failed to indicate the injured worker had been treated conservatively. There was a lack of documentation indicating the necessity for an x-ray. There was no DWC Form RFA or PR-2 submitted requesting the x-rays. Given the above, the request for 1 cervical spine and bilateral shoulder x-ray to rule out fracture/dislocation between 09/27/2013 and 09/27/2013 is not medically necessary.

**ONE ELECTROMYOGRAPHY STUDIES OF THE BILATERAL UPPER EXTREMITIES TO RULE OUT RADICULOPATHY BETWEEN 9/12/2013 AND 12/12/2013: 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): 177-179.

**Decision rationale:** ACOEM states that 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. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had a positive cervical distraction test and shoulder depression test. There was a lack of documentation indicating the injured worker had conservative care. Given the above, the request for 1 electromyography study

of the bilateral upper extremities to rule out radiculopathy between 09/12/2013 and 12/12/2013 is not medically necessary.

**NERVE CONDUCTION VELOCITY STUDIES OF THE BILATERAL UPPER EXTREMITIES TO RULE OUT RADICULOPATHY BETWEEN 9/12/2013 AND 12/12/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** ACOEM states that 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. There should be documentation of 3 - 4 weeks of conservative care and observation. There was a lack of documentation indicating the injured worker had conservative care. The clinical documentation submitted for review failed to indicate a necessity for both a NCS and electromyography. Given the above, the request for nerve conduction velocity studies of the bilateral upper extremities to rule out radiculopathy between 09/12/2013 and 12/12/2013 is not medically necessary.

**ONE NEUROLOGICAL CONSULTATION FOR FURTHER EVALUATION OF HER HEADACHE COMPLAINTS BETWEEN 9/12/2013 AND 12/12/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines May 2009. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 14 (Stress Related Conditions) (2004), pg. 387-388.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** ACOEM guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. The clinical documentation indicated the injured worker reported injury on 08/05/2013. There was a lack of documentation of delayed recovery as the request was made approximately 5 weeks after injury. The request was made due to headache complaints; however, there was a lack of documentation of lower levels of care that had been utilized. Given the above, the request for 1 neurologic consultation for further evaluation of her headache complaints between 09/12/2013 and 12/12/2013 is not medically necessary.

**ONE RETURN FOR FOLLOW UP IN FOUR TO SIX WEEKS WITH [REDACTED] BETWEEN 9/12/2013 AND 12/12/2013: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Office Visits.

**Decision rationale:** Official Disability Guidelines indicate that the need for a clinical office visit with a healthcare provider is individualized based on the review of patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review indicated the injured worker had signs and symptoms that would warrant a return visit to the physician. Given the above, the request for 1 return for follow-up in 4 to 6 weeks with [REDACTED] between 09/12/2013 and 12/12/2013 is medically necessary.

**TWELVE TO SIXTEEN FUNCTIONAL RESTORATION/ WORK CONDITIONING SESSIONS (CHIROPRACTIC ADJUSTMENTS AND OR MYOFASCIAL RELEASE/TRIGGER POINT MASSAGE, AUGMENTED BY MODALITIES) WITH FOLLOW UP QUANTITATIVE FUNCTIONAL CAPACITY EVALUATION BETWEEN 9/12/2013 AND 12/12/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter, Procedure Summary, Functional capacity evaluation (FCE)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Functional Restoration Program.

**Decision rationale:** Official Disability Guidelines indicate that a Chronic Pain/Functional Restoration program criteria includes that the patient has a chronic pain syndrome, with evidence of loss of function that persists beyond three months and has evidence of three or more of the following: (a) Excessive dependence on health-care providers, spouse, or family; (b) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain; (c) Withdrawal from social activities or normal contact with others, including work, recreation, or other social contacts; (d) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs; (e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention) (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function. (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. (3) An adequate and thorough multidisciplinary evaluation has been made. This should include pertinent validated diagnostic testing that addresses the following: (a) A physical exam that rules out conditions that require

treatment prior to initiating the program. All diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections (used for diagnosis), should be completed prior to considering a patient a candidate for a program. The exception is diagnostic procedures that were repeatedly requested and not authorized. Although the primary emphasis is on the work-related injury, underlying non-work related pathology that contributes to pain and decreased function may need to be addressed and treated by a primary care physician prior to or coincident to starting treatment; (b) Evidence of a screening evaluation should be provided when addiction is present or strongly suspected; (c) Psychological testing using a validated instrument to identify pertinent areas that need to be addressed in the program (including but not limited to mood disorder, sleep disorder, relationship dysfunction, distorted beliefs about pain and disability, coping skills and/or locus of control regarding pain and medical care) or diagnoses that would better be addressed using other treatment should be performed; (d) An evaluation of social and vocational issues that require assessment. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is no documentation meeting the above criteria. Official Disability Guidelines indicate that work conditioning amounts to an additional series of intensive physical therapy required beyond what a normal course of physical therapy would be. It is primarily for the exercise training and supervision, which will typically be more intensive than regular physical therapy visits, and last 2 to 3 times as long. The timeline is 10 visits over 4 weeks for an equivalent of up to 30 hours. The clinical documentation submitted for review failed to indicate the injured worker had utilized physical therapy. The requested duration of 12 – 16 sessions exceeds guideline recommendations. Official Disability Guidelines recommend a trial of 6 visits of manipulation over 2 to 3 weeks for cervical strain. There was a lack of documentation indicating a necessity for a longer duration. This request for chiropractic adjustments would not be supported for 12 – 16 sessions as they exceed guideline recommendations. Official Disability Guidelines recommend massage as an adjunct to an exercise program. There was a lack of documentation indicating the injured worker was participating in an exercise program. As such, myofascial release and trigger point massages that were augmented by modalities would not be medically necessary.

ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the worker had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. The clinical documentation submitted for review fails to indicate the injured worker had a trial and failure of a return to work. There was a lack of documentation indicating a necessity for a Functional Capacity Evaluation. There was a lack of documentation indicating the injured worker was close to maximum medical improvement. The request as submitted failed to indicate the body parts to be treated with the requested procedures. Given the above, the request for 12 to 16 functional restoration/work conditioning sessions (chiropractic adjustments and/or myofascial release/trigger point massage, augmented by modalities) with follow-up quantitative Functional Capacity Evaluation between 09/12/2013 and 12/12/2013 is not medically necessary.