

<b>Case Number:</b>	CM13-0072185		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Anesthesiology and is licensed to practice in Georgia. 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 claimant presents with chronic pain following a work-related injury on December 12, 2012. On November 8, 2013 the clinic complains of pain in the neck, mid back and right shoulder. The claimant rated her pain at a 5 out of 10. The physical exam was significant for 3+ tenderness over the paraspinal muscles, trapezius, and parascapular muscles bilaterally, 3+ tenderness over the cervical spinous process from C4-C7, positive compression test and shoulder depression test bilaterally, right shoulder exam showing positive impingement test and 2+ positive tenderness over the acromioclavicular joint, coracoid process, bicipital groove, deltoid bursa are and glenohumeral joint on the right. The provider recommended MRI of the right shoulder to rule out internal derangement or tears, MRI of the cervical spine to establish the presence of disc pathology or herniated disc, continue physical therapy, short course of acupuncture treatment and inferential unit for pain relief at home. The claimant was also placed on modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY FOR CERVICAL SPINE AND RIGHT SHOULDER 2 X 4:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** Page 99 of the MTUS Chronic Pain Guidelines states "physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended." The claimant's medical records do not note any functional status following physical therapy that was previously completed. Additionally, there is lack of documentation of an home exercise program that would maximize benefit from physical therapy. It seems the claimant has reached her maximum limit; therefore, the request is not medically necessary.

**MRI OF CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 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) Low back pain, Special studies and Diagnostic and Treatment considerations.

**Decision rationale:** The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in falls positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult for nerve impairment, the practitioner can discuss with a consultant the flexion of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The physical exam and neurologic exam findings were straight forward; there is no indication for cervical MRI; therefore it is not medically necessary.

**INTERSPEC IF II AND SUPPLIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117, 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ICS Page(s): 118.

**Decision rationale:** Per the MTUS Chronic Pain Guidelines, Inferential Current is "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....The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." Additionally, page 14 of the MTUS Chronic Pain Guidelines states that a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case inferential current/TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program. As such, the request is not medically necessary and appropriate.

**MRI OF RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Shoulder complaints, Special studies and Diagnostic and Treatment considerations.

**Decision rationale:** The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in false positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the indication of an imaging test to find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The claimant had a physical exam that remained unchanged for numerous office visits and additionally there were no physical signs to warrant an MRI; therefore it is not medically necessary.