

<b>Case Number:</b>	CM14-0003185		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Occupational Medicine, 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 patient has submitted a claim of pain in the low back pain with radiation to the right leg, right shoulder, chest and back associated from an industrial injury date of October 4, 2013. Treatment to date has included; activity modification, chiropractic therapy, physical therapy, hot (Thermacare) and cold compress (Polar Frost) and medications with include ketorolac injections, etodolac ER, cyclobenzaprine, and acetaminophen. Medical records from 2013 were reviewed, the latest of which dated November 26, 2013, revealed that the patient states that she has steady progress in her low back condition, however, radiation to the left leg persists. Patient states that now she is able to walk/stand about 40 minutes without exacerbation of pain compared to 3-4 minutes prior to receiving the treatment. Also, the patient is able to do some of her chores at this time. However, she has slow progress and is not able to lift heavy objects with her left upper extremity. The patient still has difficulty to put on her bra. On physical examination, there is decreased range of motion of the lumbar spine upon flexion and right lateral flexion. There is positive Yergason's test with noted sharp pain at the right shoulder joint. There is positive Hawkin's sign on the right. There is loss of strength noted upon manual muscle testing in flexion and abduction. There is positive Straight leg raising test at 50 to 60 with radiculopathy to posterior left knee. X-ray of the right shoulder done last October 8, 2013 revealed normal results (preliminary interpretation). Utilization review from January 6, 2014, denied the request for eight (8) sessions of chiropractic manipulation because of completion of previous sessions with no corresponding valid outcome based evidence of improvement, denied the request for one (1) magnetic resonance image (MRI) of the right shoulder because of lack of documentation of emergent variables and/or the completion of a formal active care program directed at the right shoulder, denied the request for one (1) magnetic resonance image (MRI) of the lumbar spine because of lack of documentation of emergent variables and/or the completion of a formal active

care program towards the lumbar spine, and denied the request for one (1) orthopedic consultation because of lack of documentation of emergent conditions and/or the completion of a formal and structured active care program towards the right shoulder and lumbar spine.

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

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

#### **8 SESSIONS OF CHIROPRACTIC MANIPULATION: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

**Decision rationale:** According to the ACOEM Guidelines, manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. If manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated. For patients with symptoms lasting longer than one month, manipulation is probably safe but efficacy has not been proved. According to the Chronic Pain Guidelines, evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits are supported. In this case, eight (8) sessions of chiropractic manipulation was prescribed to increase range of motion, decrease myospasm, increase strength of the shoulders, subside pain and improve activities of daily living impairments, and restore function. The patient has had previous chiropractic therapy; however, the total number of sessions received is unknown due to lack of documentation. Furthermore, pain relief and functional improvements were not documented. The medical necessity has not been established at this time. Therefore, the request for eight (8) sessions of chiropractic manipulation is not medically necessary.

#### **1 MAGNETIC RESONANCE IMAGE OF THE RIGHT SHOULDER: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 208-209. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES, SHOULDER (ACUTE & CHRONIC).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES, SHOULDER, MRI.

**Decision rationale:** According to the ACOEM Guidelines, criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, Official Disability Guidelines states that the criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, magnetic resonance image (MRI) of the right

shoulder was prescribed in order to rule out right shoulder rotator cuff tear. The most recent clinical evaluation done last November 26, 2013, does not state new shoulder complaints, however on physical examination, there is positive Yergason's test and positive Hawkin's sign. This indicates new onset shoulder pathology that was not present in the previous clinical evaluation. Therefore, the request for one (1) magnetic resonance image (MRI) of the right shoulder is medically necessary.

#### **1 MAGNETIC RESONANCE IMAGE OF THE LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 306. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES, LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 306. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER, MRI.

**Decision rationale:** According to the ACOEM Practice Guidelines, imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least one (1) month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, magnetic resonance image of the lumbar spine was prescribed due to dermatomal dysfunction at right L4-L5 and rule out radiculopathy. In the recent clinical evaluation, the patient still complains of low back pain; however, there is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Therefore, request for one (1) magnetic resonance image of the lumbar spine is medically necessary.

#### **1 ORTHOPEDIC CONSULTATION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 196, 305-306..

**Decision rationale:** According to the ACOEM Guidelines, referral for specialty care for shoulder complaints is recommended if symptoms persist for more than 4-6 weeks. As stated in the guidelines, spine surgeon referral is recommended with severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and failure of conservative treatment. In this case, orthopedic consultation was prescribed due to

persistence of pain in her right shoulder and back. The patient has been having intermittent, dull right shoulder pain since the date of injury (10/6/13), which is within the guideline recommendation of referral for symptoms more than 4-6 weeks. Regarding the referral for lumbar pain, although the patient presents with steady progress in her low back condition, there is still radiation to the left leg. Also, physical examination revealed decreased range of motion of the lumbar spine upon flexion and right lateral flexion and positive straight leg raising test at 50 to 60 with radiculopathy to posterior left knee. There are subjective and objective findings that may warrant further evaluation through orthopedic consultation; therefore, the request for orthopedic consultation is medically necessary.