

<b>Case Number:</b>	CM14-0006231		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	11/29/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 is a 39-year-old male who has submitted a claim for cervicalgia associated with an industrial injury date of November 29, 2008. The patient complains of neck pain, pectoral pain and episodic radicular symptoms extending down the left arm. Physical examination showed a very tender cord of spasm with multiple trigger points; referred pain to the left arm was noted upon pressure. An MRI of the cervical spine was done on July 24, 2013 which revealed effacement of the left C5-6 which likely impinges on the left C6 nerve root. C6 radiculopathy versus thoracic outlet syndrome were considered. The patient received a supraclavicular block and a left C6 selective nerve block, but these afforded no relief. A trigger point injection was also given at the area of myofascial tenderness which provided benefit. The current working diagnosis was left-sided neck pain with episodic radicular symptoms, cause uncertain. Treatment plan includes chiropractic therapy. An EMG was also requested to help identify the source of radiculopathy. Treatment to date has included oral analgesics, muscle relaxants, home exercise program, trigger point injection, manual therapy, supraclavicular block, C6 nerve root block, and chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC 6 SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHIROPRACTIC TREATMENT,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Page 58 of the California MTUS Chronic Pain Medical Treatment Guidelines recommends manual therapy & manipulation for chronic pain if caused by musculoskeletal conditions. An initial trial of 3-6 visits is recommended; with signs of subjective or objective improvement, treatment may be continued. In this case, the patient has received previous chiropractic treatment. However, there was no objective evidence of overall pain improvement and functional gains derived the treatment. There was no compelling rationale concerning the need for variance from the guideline. Moreover, the request did not specify the body part to be treated. As such, the request is not medically necessary.

**EMG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** As stated on page 238 of the ACOEM Guidelines, EMG of the upper extremities is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination. In this case, the patient complained of neck pain with radiculopathy to the left upper extremity. However, there were no focal neurologic deficits noted on physical examination. There was no compelling rationale to warrant further testing. Moreover, the request did not specify the body part for EMG. As such, the request is not medically necessary.