

<b>Case Number:</b>	CM14-0101669		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Orthopedic Surgery 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:

This 59-year-old female registered nurse sustained an industrial injury on 5/10/13. The mechanism of injury was not documented. The 3/10/14 left brachial plexus MRI impression documented no evidence of brachial plexopathy, extrinsic vascular or mass compression. There were multiple mildly bulging degenerative discs from C3/4 to C6/7 with no significant central canal stenosis. The C6/7 disc bulge effaced the ventral and dorsal subarachnoid space. The 3/21/14 treating physician report cited intermittent moderate left arm and left sided neck pain and inability to use her right arm. Cervical spine exam documented paracervical and trapezius muscle tenderness and spasms. There was mildly decreased cervical range of motion in all planes with decreased left C6/7 sensation and positive cervical distraction test. Left shoulder exam documented left trapezius tenderness and spasms with decreased range of motion. The diagnosis was cervical strain with radicular complaints, multilevel discopathy with significant stenosis at C6/7, and left shoulder/periscapular strain. A left scalene block and chiropractic treatment was planned. The patient remained off work. Chiropractic treatment was authorized 2x3 in utilization review on 3/5/14. The patient underwent a Botox injection to the left scalene muscles on 6/12/14. The 6/13/14 orthopedic report indicated the patient was able to pinpoint the pain following the injection. Cervical exam documented tenderness, positive cervical distraction test, muscle spasms, mildly decreased range of motion, and decreased left C6/7 sensation. Left shoulder exam documented tenderness and restricted range of motion due to pain and muscle spasms. Chiropractic treatment was requested for the cervical, thoracic, and lumbar spine and a scapular stabilization brace was also requested. The 6/27/14 utilization review modified the 6/23/14 request for chiropractic treatment 2x4 to 2x2 consistent with guidelines for initial treatment. The request for a scapular stabilization brace was denied as there was no documentation of postural deficits, muscle imbalance or functional limitations to support medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions (lumbar/cervical/thoracic) 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend manual therapy and manipulation for the treatment of chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Treatment parameters indicate that 4 to 6 treatments allow time to produce a benefit. Additional treatment may be supported with evidence of objective functional improvement. Guideline criteria have not been met. This patient was certified for 6 initial chiropractic visits in March 2014 with no documentation of objective measurable functional improvement to support the medical necessity of additional treatment. The 6/27/14 utilization review partially certified 4 chiropractic visits based on information that this was an initial treatment request. There is no compelling reason to support the medical necessity of additional chiropractic treatment beyond care already certified in the absence of documented objective measurable functional improvement. Therefore, this request for chiropractic sessions (lumbar/cervical/thoracic) 2x4 are not medically necessary.

**Scapular Stabilization Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDA Internet Duration Guidelines by Presley Reed, MD Identify treatment options for thoracic outlet syndrome.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cole AK, McGrath ML, Harrington SE, Padua DA, Rucinski TJ, Prentice WE. Scapular bracing and alteration of posture and muscle activity in overhead athletes with poor posture. J Athl Train. 2013 Jan-Feb;48(1):12-24.

**Decision rationale:** The California MTUS, Official Disability Guidelines, and National Guideline Clearinghouse do not provide recommendations for scapular stabilization bracing. Peer-reviewed evidence indicates that use of a scapular brace might improve shoulder posture and muscle activity in overhead activity in people with poor posture. There is no documentation of poor posture or muscle imbalance causing functional limitations to support the medical

necessity of this brace. Therefore, this request for a scapular stabilization brace is not medically necessary.