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| <b>Case Number:</b>   | CM14-0017710 |                              |            |
| <b>Date Assigned:</b> | 04/16/2014   | <b>Date of Injury:</b>       | 04/15/2011 |
| <b>Decision Date:</b> | 06/03/2014   | <b>UR Denial Date:</b>       | 02/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/12/2014 |

### 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 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 53-year-old female who reported an injury on 04/15/2011. The injured worker was reportedly punching holes into hundreds of pages at a time when she felt a snap in her left wrist. Current diagnoses include cervical disc disease with radiculopathy, cervical strain, shoulder impingement, lateral epicondylitis, repetitive stress injury, De Quervain's tenosynovitis, carpal tunnel syndrome, and index finger stenosing tenovaginitis. The injured worker was evaluated on 01/27/2014. The injured worker reported 8/10 pain. Previous conservative treatment includes osteopathic manipulation, pool therapy, exercise, heat, massage, prescription medications, physical therapy, rest, and stretching. Physical examination revealed positive Tinel's and compression testing at the carpal tunnel, tenderness over the 1st dorsal compartment, positive Finkelstein's testing, diminished sensation along the dorsum of the hand in the radial nerve distribution, tenderness along the forearm extensors, tenderness over the lateral epicondyle and common extensor origin, limited shoulder range of motion, positive Neer's and Hawkins testing, positive drop arm and empty can testing, positive O'Brien's testing, severe spasm and tenderness along the trapezius and cervical paraspinal musculature, and limited cervical range of motion. The treatment recommendations at that time included prescriptions for Mobic, Skelaxin, Vicodin, and a Medrol Dosepak, as well as authorization for 10 sessions of chiropractic treatment and an MRI of the left shoulder and cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SHOULDER MRI:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the injured worker does report persistent 8/10 pain. The injured worker has been previously treated with manipulation, pool therapy, exercise, heat, massage, prescription medications, physical therapy, rest, and stretching. The injured worker's physical examination of the shoulder does reveal limited range of motion, positive Neer's and Hawkins testing, positive drop-arm testing, and positive O'Brien's and empty can testing. Based on the clinical information received, the injured worker does currently meet criteria, as outlined by the California MTUS/ACOEM Practice Guidelines, for an MRI of the left shoulder. As such, the request is medically necessary.

**CERVICAL SPINE MRI:** 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:** California MTUS/ACOEM practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause. As per the documentation submitted, the injured worker does demonstrate limited cervical range of motion with positive Spurling's maneuver. However, the injured worker has previously undergone an MRI of the cervical spine. The previous MRI was not submitted for review. There is no evidence of a significant change in the injured worker's symptoms or physical examination findings that would warrant the need for a repeat study. As such, the request is not medically necessary.

**10 SESSIONS OF CHIROPRACTIC TREATMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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

**Decision rationale:** California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. The treatment for the

spine is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. The current request for 10 sessions of chiropractic treatment exceeds guideline recommendations. Additionally, there is no specific body part listed in the current request. As such, the request is not medically necessary.

**FIORICET:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE-CONTAINING ANALGESIC AGENTS (BCAS) Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesic Agensts Page(s): 23.

**Decision rationale:** California MTUS Guidelines state barbiturate containing analgesic agents are not recommended for chronic pain. There is no strength, frequency, or quantity listed in the current request. As such, the request is not medically necessary.

**MOBIC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended as an option for short-term symptomatic relief of chronic pain. There is no strength, frequency, or quantity listed in the current request. Therefore, the request is not medically necessary.

**SKELAXIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating, second-line options for short-term treatment of acute exacerbations. There is no strength, frequency, or quantity listed in the current request. As such, the request is not medically necessary.

**VICODIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no strength, frequency, or quantity listed in the current request. Therefore, the request is not medically necessary.