

<b>Case Number:</b>	CM14-0172881		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Family Practice 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 sustained a work related injury on August 28, 2013, when a sign fell on the head causing immediate pain into the head, cervical spine, and shoulders. A physician's note dated April 9, 2014, noted the injured worker with complaints of lower back, upper back, neck, and right shoulder pain, with pain in the chest and headaches. The physician noted the diagnoses as history of head contusion and strain to the neck, right shoulder, upper, and lower back, with the head trauma cured with no ratable disability. A Physician Progress Report dated May 28, 2014, noted the injured worker presented for an orthopedic follow up of pain, neck, shoulder, right arm radiculopathy, and recurrent symptoms. Examination was noted to show tenderness to palpation in the paracervical region, with a diagnosis of cervical strain, rule out disc pathology. An Initial Pain Management Evaluation on September 11, 2014, noted the injured worker with sharp and dull aching pain with stabbing, burning, and shooting sensation in the cervical spine that radiates to the neck and bilateral upper extremities down to the fingertips and shoulders. Physical therapy, time, rest, and medications were noted to help alleviate the pain. MRI of the head was noted to be negative. The diagnostic impression was cervical strain, trapezius strain, rhomboid strain, right C6 cervical radiculopathy, right supraspinatus tendonitis and subacromial bursitis, ligament muscle strain and spasm, posttraumatic headaches and pressure in the head. The Physician requested authorization for acupuncture, physical therapy, and MRIs of the right shoulder and cervical spine. The physician had provided for 8 sessions of physical therapy in March 2014. The amount completed is unknown. On October 9, 2014, Utilization Review evaluated the requests for acupuncture 2x3 and physical therapy 3x2 for the right shoulder and cervical spine, and MRIs of the right shoulder and cervical spine, citing MTUS American College of Occupational and Environmental Medicine (ACOEM). The UR Physician noted that acupuncture would be indicated; however, at a modified number of three visits to allow for

demonstration of functional improvement and/or decrease in pain. The UR Physician noted that physical therapy would also be indicated; however, at a modified number of three visits to allow for functional improvement and/or decrease in pain, re-education in a prescribed self-administered program and assessment of compliance. The UR Physician noted that evidence of a recent comprehensive non-operative treatment protocol trial and failure had not been submitted; therefore, the guideline criteria had not been met and the request for MRI's of the right shoulder and cervical spine were not medically reasonable and necessary, and were denied. The decisions were subsequently appealed to Independent Medical Review.

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

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

#### **Acupuncture 2x3 for Right Shoulder and Cervical Spine: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the MTUS guidelines, Acupuncture is used as an option when medication is not tolerated and as an adjunct to therapy. In this case, the claimant was previously prescribed therapy and had persistent pain despite pain management. It may take 3-6 sessions to see an improvement. The claimant had been given an order for 6 sessions of acupuncture which is within acceptable limits to see benefit and is appropriate and medically necessary.

#### **Physical Therapy 3x2 for Right Shoulder and Cervical Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. In this case, the amount of prior therapy completed is unknown. There is no indication, that the claimant cannot perform home based exercise. The additional therapy request above is not supported and not medically necessary.

#### **MRI Right Shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI request of the shoulder is not medically necessary.

**MRI Cervical Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the cervical spine is not medically necessary.