

<b>Case Number:</b>	CM14-0031035		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Illinois. 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 38-year-old who reported injury on February 26, 2014. The mechanism of injury was the injured worker was lifting heavy boxes weighing approximately 40 pounds to 50 pounds when he felt a sudden sharp pain in his neck and upper back. The documentation of March 3, 2014 revealed the injured worker underwent x-rays of his neck and right shoulder and was taking ibuprofen and Soma. The injured worker had severe pain of the neck travelling to the upper back and right shoulder. The pain radiated to his right arm and hand. There was pain, weakness, tingling, and numbness of the right hand. The injured worker indicated he felt twitching pain and muscle spasms of the right shoulder. His right hand felt cold, numb, and weak. The injured worker complained of pain in the neck, shoulder, and upper back. The injured worker indicated he had difficulty falling asleep due to pain. The injured worker indicated he was taking pain medications and muscle relaxants, which included Vicodin and Soma. The injured worker stated he would like to try acupuncture or chiropractic adjustments for his neck, back, and shoulders. The physical examination revealed non-specific tenderness in the right hand and arm. The injured worker had a weak grip strength with numbness of the right hand. Palpation of the shoulder revealed non-specific tenderness over the right shoulder and shoulder blade. The apprehension test was positive on the right side. The supraspinatus resistance test, Speed's test, bicipital tendinitis, impingement maneuver, and Yergason's sign revealed pain on the right side. There was 3+ scapular tenderness on the right side. The shoulder depression test increased pain on the right side. The physical examination of the cervical spine revealed reflexes were decreased in the biceps on the right side. The injured worker had decreased sensitivity to the lateral aspect of the right forearm. The distraction test was positive. The foraminal compression test and shoulder depression test revealed pain on the right side and near the upper back at T4-5. The diagnoses included cervical and thoracic sprain,

right shoulder sprain/strain, cervical radiculopathy, possible cervical disc herniation, tingling and numbness, headache, myalgia and myositis unspecified, and spasms of muscle. The treatment plan included acupuncture with adjunctive physiotherapy 2 times a week for 6 weeks, an orthopedic consultation for pain medications as necessary, and an MRI of the right shoulder, cervical spine, and thoracic spine.

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

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

#### **ACUPUNCTURE WITH PHYSIOTHERAPY MODALITIES, TWICE WEEKLY FOR SIX WEEKS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines and Acupuncture Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical interventions to hasten functional recovery. The time to produce functional improvement is three treatments to six treatments. The clinical documentation submitted for review indicated the request was for twelve sessions, which would be considered excessive. The request as submitted failed to indicate the body part that was to be treated. The request for acupuncture with physiotherapy modalities, twice weekly for six weeks, is not medically necessary or appropriate.

#### **MRI of the thoracic spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines indicate that, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The physiologic evidence may be in the form of definitive neurologic findings on physical examination. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging studies if symptoms persist. The clinical documentation submitted for review failed to indicate

the injured worker had a failure to progress in a strengthening program intended to avoid surgery. The request for an MRI of the thoracic spine is not medically necessary or appropriate.

**MRI of the cervical spine:** 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:** The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines indicate that, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The physiologic evidence may be in the form of definitive neurologic findings on physical examination. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging studies if symptoms persist. The clinical documentation submitted for review failed to indicate the injured worker had a failure to progress in a strengthening program intended to avoid surgery. The request for an MRI of the cervical spine is not medically necessary or appropriate.