

Case Number:	CM14-0042809		
Date Assigned:	06/30/2014	Date of Injury:	06/02/2008
Decision Date:	08/19/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/09/2014

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 49-year-old female who has submitted a claim for L3-L4, L4-L5 and L5-S1 disc injury with facet joint pain and right lower extremity radiculopathy associated with an industrial injury date of June 2, 2008. Medical records from 2014 were reviewed. The patient complained of neck, shoulder, hands, wrists, and low back pain. Neck pain was constant and moderate in intensity. There was popping and clicking about the neck with stiffness, tightness and knots in the paracervical musculature. The pain was aggravated by overhead movements, side-to-side movements of the head, bending, and leaning. The shoulder pain was constant and moderate, left greater than the right. There was popping and clicking on the left shoulder with muscle spasms in the parascapular musculature. The pain intermittently radiates distally throughout the left upper extremity, extending above the left elbow. It was aggravated by overhead movements, repetitive shoulder movements, pushing, pulling, lifting, and carrying. There was bilateral hand and wrist pain, right greater than left. It was moderate and there was popping and clicking with stiffness and tightness. The low back pain was constant and moderate to severe. It radiates distally throughout the right lower extremity, extending to the foot and toes, where she notes numbness and tingling, as well as sharp aching pain affecting all digits. It was aggravated by weight-bearing activities, walking, standing, ascending and descending, and attempting to kneel or squat. Physical examination showed normal cervical spine examination. Motor strength of the left deltoid was 4/5. Shoulder examination was normal. Sensory examination of the hand showed mild decreased sensation in a median nerve distribution bilaterally. Lumbar range of motion was limited. Motor strength and sensation was intact. Magnetic resonance imaging (MRI) of the left shoulder, dated November 29, 2012 showed supraspinatus with diffuse severe tendinosis and near-complete tear, infraspinatus with mild to moderate distal tendinosis and partial tear, and posterior-superior labrum with mild intrasubstance degeneration. Electrodiagnostic studies of the

bilateral upper extremities dated October 7, 2013 revealed bilateral carpal tunnel syndrome, right greater than the left. X-ray of the lumbar spine dated January 3, 2014 showed facet hypertrophy and disc space narrowing from L4-S1. Official reports of the imaging studies were not available. Treatment to date has included medications, physical therapy, chiropractic therapy, activity modification, and left shoulder surgery. Utilization review, dated April 7, 2014, denied the request for 6 chiropractic visit because objective evidence of improvement towards clear, objectively measurable, functional treatment goals must be achieved/submitted before additional treatment can be considered. The request for re-evaluation by orthopedic surgeon was approved. Reasons for approval were not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Manipulation.

Decision rationale: Page 58 of CA MTUS Chronic Pain Medical Treatment Guidelines recommended manipulation therapy for chronic pain if caused by musculoskeletal conditions. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. In addition, the Official Disability Guidelines (ODG) allows a total of up to 18 visits over 6-8 weeks for severe low back pain. In this case, the patient has neck, shoulder, hand, wrist, and low back pain. The rationale for the present request was not provided. She has undergone chiropractic treatment, which have helped her in the past. However, the completed number of sessions was not specified on the medical records provided. Furthermore, there was no objective evidence of functional improvement from the completed chiropractic sessions. It is not known if the additional six chiropractic sessions would exceed the recommended number of sessions. Furthermore, the present request failed to specify the body part to be treated. Therefore, the request for six chiropractic visits is not medically necessary.

Re-evaluation by orthopedic surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Office Visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It

states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient has persistent neck, shoulder, hand, wrist, and low back pain. The patient is currently on medications. Monitoring of response to therapy is paramount; hence, follow-up consultation is warranted. However, previous utilization review dated April 7, 2014 already certified this request. Therefore, the request for re-evaluation by orthopedic surgeon is not medically necessary.