

Case Number:	CM14-0056831		
Date Assigned:	07/09/2014	Date of Injury:	05/10/2013
Decision Date:	08/19/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Rehab 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 64-year-old female who reported injury on 05/10/2013 secondary to a slip and fall. She had diagnosis of cervical disc protrusion, muscle spasm, cervical pain, sprain, strain stenosis, and radiculopathy; thoracic disc protrusion, pain, sprain, and strain; rotator cuff tear, right shoulder impingement syndrome; right shoulder internal derangement, and right shoulder sprain/strain. She had past treatments of chiropractic sessions and physical therapy as well as oral medications and use of a TENS unit. A MRI of the right shoulder showed a full-thickness rotator cuff tear and separation. MRI of the cervical spine revealed disc protrusions ranging from 3 mm to 5 mm stenosis and an MRI of the thoracic spine with disc protrusions at T8-9. She had an electrodiagnostic study and nerve conduction study that revealed bilateral carpal tunnel syndrome. The injured worker complained of pain to the cervical spine, upper mid back and right shoulder with stiffness, weakness. Examination on 02/24/2014 showed decreased range of motion with tenderness to palpation of the cervical paravertebral muscles and the cervical spine causing cervical compression and shoulder depression bilaterally, trigger point of rhomboids and paraspinals to the thoracic spine with +3 tenderness to palpation over paravertebral muscles and muscle spasms as well as decreased painful range of motion and tenderness to the right shoulder at the acromioclavicular joint, anterior shoulder, lateral shoulder, posterior shoulder, supraspinatus and positive supraspinatus press. Medications included Meloxicam, Trazodone and Ambien 10 mg. The treatment plan for re-test of the autonomic nervous system function assessment along with sudomotor analysis in order to compare to injured worker's current ANS state in light of changes to the injured worker's treatment plan, physical therapy 2 times 4 to increase range of motion, activities of daily living and decrease pain, chiropractic 2 times 4 to increase range of motion, activities of daily living and decrease pain and localized intense neurostimulation therapy (LINT) 6 sessions for thoracic spine to

increase range of motion, activities of daily living and decrease pain. There was rationale for the request. The request for authorization forms were signed and dated on 02/24/2014 and 11/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 x weekly for 4 weeks for the right shoulder & cervical spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

Decision rationale: The request for chiropractic treatment 3 times weekly for 4 weeks for the right shoulder and cervical spine is non-certified. The injured worker complained of pain to the neck, right shoulder, and upper mid back. She had past treatments with oral medication, TENS unit, physical therapy, chiropractic treatments and physiotherapy. California MTUS Guidelines recommend manual therapy for chronic pain of the low back if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. 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 injured worker therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond physiologic range of motion but not beyond the anatomic range of motion. An initial trial of 6 visits over 2 weeks is recommended with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. The injured worker did have cervical deficits; however, she had undergone previous chiropractic sessions and documentation does not state how many sessions she has had and for which body part. The injured worker did have deficits of the right shoulder and has had previous sessions of physical therapy and chiropractic therapy but the injured worker stated that she returned to previous state after the completion of the sessions. Therefore, the request for chiropractic treatments 3 times a week for 4 weeks for the right shoulder and cervical spine is non-certified.

Physical therapy 3 x weekly for 4 weeks for the right shoulder & cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Shoulder (updated 01/20/14) - Physical therapy; ODG Neck & Upper Back (updated 03/07/14) - Physical therapy (PT).

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

Decision rationale: The request for physical therapy 3 times weekly for 4 weeks for the right shoulder and cervical spine is non-certified. The injured worker complained of pain and stiffness to the neck, right shoulder and upper mid back. She had past treatments of physical therapy, chiropractic sessions, physiotherapy, hot and cold treatments and oral medications. The California MTUS Guidelines recognize active therapy requires an internal effort by the individual to complete a specific exercise or task while under supervision. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. It was noted the injured worker had previous sessions of physical therapy; however, there is a lack of clinical information provided indicating the amount of sessions and if the injured worker had any documented functional improvement. Given the information provided, there is insufficient evidence to determine the appropriateness of continued therapy. Therefore, the request is non-certified.

Trigger point impedance imaging, intense neurostimulation therapy once weekly for 6 weeks to the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 03/18/14) - Low Back - Lumbar & Thoracic (Acute & Chronic): Hyper stimulation analgesia; <http://www.ncbi.nlm.nih.gov/pubmed/6558130> Electrical impedance imaging of the thorax.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Hyperstimulation analgesia. Other Medical Treatment Guideline or Medical Evidence: Gorenberg, M., & Schwartz, K. (2013). Imaging-guided hyperstimulation analgesia in low back pain. *Journal of pain research*, 6, 487.

Decision rationale: The request for trigger point impedance imaging, intense neurostimulation therapy once weekly for 6 weeks to the thoracic spine is non-certified. The injured worker complained of pain to the neck, right shoulder and mid upper back. She had past treatments of physical therapy, chiropractic care, physiotherapy, oral medications, acupuncture and hot and cold therapy. According to Gorenberg 2013, imaging guided hyperstimulation analgesia in low back research is a novel, noninvasive, image guided, targeted neurostimulation modality that combines impedance imaging to locate ATPs (active trigger points) and treatment based on the image analysis was found very effective clinically in 95% of patients after a series of 4 treatments. This promising result warrants future investigation and randomized controlled, longitudinal studies in the treatment of low back pain. According to the Official Disability Guidelines, hyperstimulation analgesia in low back pain is not recommended until there are higher quality studies. Initial results are promising but only for 2 low quality studies sponsored by the manufacturer. Based on the fact that the image guided hyperstimulation imaging is under future investigation, the request for trigger point impedance imaging, intense neurostimulation therapy once weekly for 6 weeks to the thoracic spine is non-certified.

Cardio respiratory diagnostic testing to be repeated approximately every 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/16464634> Assessment of cardiovascular autonomic function.

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: Assessment of the functioning of autonomic nervous system in the context of cardiorespiratory reflex control, Ordek Chor Serca, Klinika Kardiologii, Wojskowy Szpital Kliniczny z Poliklinika, Wroclaw. 2010 Aug; 68(8):951-7,
www.ncbi.nlm.nih.gov/pubmed/16464634.

Decision rationale: The request for cardiorespiratory diagnostic testing to be repeated approximately every 3 months is non-certified. The injured worker complained of pain to the neck, right shoulder and upper mid back. She had past treatments of physical therapy, acupuncture, chiropractic sessions with physiotherapy, hot and cold treatments and oral medications. According to Kardiol, assessment of the function of the autonomic nervous system in the context of cardiorespiratory reflex control are derangements within autonomic nervous system take part in the natural history of cardiovascular disease. Current paper presents 3 categories of methods measuring autonomic status: direct methods, for example, laboratory testing, indirect methods applied at rest, for example, analysis of heart rate variability and indirect methods, associated with the exposure to physiological stimuli. The review provides an insight into the physiology of reflex regulatory mechanisms within cardiorespiratory system including their complex and unstable nature. In the absence of a clear rationale for this request, and how the test will affect the injured worker's treatment plan, medical necessity cannot be established. Therefore, the request for cardiorespiratory diagnostic testing to be repeated approximately every 3 months is non-certified.