

<b>Case Number:</b>	CM14-0112467		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37-year-old male, who sustained an industrial injury on May 29, 2013. The diagnoses have included left shoulder sprain/strain, cervical strain/sprain and cervical subluxation. Treatment to date has included chiropractic care. Currently, the injured worker complains of neck and shoulder pain with radicular pain down the left upper extremity into the forearm, wrist and hand, and left sided back and hip pain. In a progress note dated June 17, 2014, the treating provider reports examination revealed tenderness inflammation noted of the anterior region left shoulder and decreased range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic modalities, 2 x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 114, Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Regional neck pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

**Decision rationale:** The 37-year-old patient complains of worsening neck and left shoulder pain, rated at 7-8/10, along with radicular left extremity pain and left-sided back and hip pain, as per progress report dated 06/17/14. The request is for CHIROPRACTIC MODALITIES 2 X 3. The RFA for the case is dated 08/20/14, and the patient's date of injury is 05/29/13. Diagnoses, as per progress report dated 06/17/14, included left shoulder strain/sprain, cervical sprain/strain, and cervical subluxation. The patient is off work, as per the same progress report. MTUS, pages 58-59, recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. In this case, the patient has "participated in the authorized therapeutic exercise/chiropractic modalities 12 visits in total," as per progress report dated 04/04/14. It helped improve range of motion of left shoulder and neck, and reduce muscle spasms of the paracervical traps rhomboids bilaterally, as per the same report. The treating physician is requesting 6 additional sessions in progress report dated 06/17/14. The UR letter, however, states that the patient has undergone 18 sessions of chiropractic manipulation. There is no evidence to contradict the UR contention. Hence, the request for 6 sessions is excessive and IS NOT medically necessary.

**Trigger point injection x 1 to the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Trigger point injections; Criteria for trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** The 37-year-old patient complains of worsening neck and left shoulder pain, rated at 7-8/10, along with radicular left extremity pain and left-sided back and hip pain, as per progress report dated 06/17/14. The request is for TRIGGER POINT INJECTION X 1 TO THE CERVICAL SPINE. The RFA for the case is dated 08/20/14, and the patient's date of injury is 05/29/13. Diagnoses, as per progress report dated 06/17/14, included left shoulder strain/sprain, cervical sprain/strain, and cervical subluxation. The patient is off work, as per the same progress report. MTUS Guidelines, page 122, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES support trigger point injections for "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain"; radiculopathy is not present, maximum of 3-4 injections per session, and for repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." In this case, the treating physician is requesting for trigger point injection to the cervical spine in progress report dated 06/17/14. However, as per AME report dated 05/06/14, the patient has cervical pain that radiates to left shoulder, which may be indicative of radiculopathy. There is no documentation of trigger points

upon palpation or twitch response. Given the lack clinical evidence supporting TPI, the request IS NOT medically necessary.