

<b>Case Number:</b>	CM14-0190861		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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:

This patient is a 54 year old male with a date of injury of 7/29/11. The listed diagnoses are cervicalgia, post-traumatic headache, cervical radiculopathy, supraspinatus tendinosis left shoulder, adhesive capsulitis, depression and anxiety. According to progress report 9/30/14, the patient presents with throbbing headache, neck and left shoulder pain. On examination of the cervical spine, range of motion is about 60% of full, with pain noted at all endpoints. Left shoulder range of motion is 50% of full. The provider states that the patient's adhesive capsulitis appears to be worsening. He showed positive Neer's, impingement, Apley's, and Hawkin's. The patient's medication regimen includes Tramadol, Cyclobenzaprine, Amitriptyline, Citalopram, Omeprazole, Zolpidem, Ibuprofen and Prozac. The patient is currently working with restrictions. Treatment plan includes medications, chiropractic therapy, cortisone injections, UDS and laboratory tests including CBC, CRP, CPK and CHEM 8. Utilization review denied the requests on 10/22/14. Treatment reports from 4/16/14 through 11/11/14 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy, twice a week for six weeks of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58 and 59, Postsurgical Treatment Guidelines.

**Decision rationale:** This patient presents with throbbing headache, neck and left shoulder pain. The current request is for Chiropractic Therapy, twice a week for six weeks of the left shoulder. For shoulder, ACOEM chapter 9 page 203 states. Manipulation by a manual therapist has been described as effective for patients with frozen shoulders. The period of treatment is limited to a few weeks, because results decrease with time. Scalene-stretching and trapezius-strengthening exercises have been found effective in relieving thoracic outlet compression symptoms. For manual therapy, the MTUS page 58 recommends an optional trial of 6 visits over 2 weeks with evidence of functional improvement, total of up to 18 visits over 6 to 8 weeks. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports submitted for this request. The Utilization review states that the patient has had "extensive PT/Chiro for this chronic condition." In this case, the provider is requesting additional treatment without documentation or discussion of functional improvement. Labor Code 9792.20(e) defines functional improvement as significant improvement in ADLs, a reduction in work restrictions, and decreased dependence on medical treatment. Given the lack of documented functional improvement from prior chiropractic treatments, the requested additional chiropractic therapy is not medically necessary.

**Urine toxicology screening:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT)

**Decision rationale:** This patient presents with throbbing headache, neck and left shoulder pain. The current request is for Urine Toxicology Screening. The utilization review denied the request stating that "records in this case are unclear in terms of what risk level this patient has been assessed, which per the guidelines would determine the frequency of testing." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Based on reviewing the progress reports provided for review, which dates from 4/16/14 through 11/11/14, there has been no documentation of any recent UDS. Given the patient medication regimen which includes an opioid, the requested Urine toxicology is medically necessary.

**Laboratory test: CBC, CRP, CPK, CHEM 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** This patient presents with throbbing headache, neck and left shoulder pain. The current request is for Laboratory Test: CBC, CRP, CPK, CHEM 8. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The patient's current medication includes Tramadol, Cyclobenzaprine, Amitriptyline, Citalopram, Omeprazole, Zolpidem, Ibuprofen and Prozac. In this case, the treating physician has requested lab work above and beyond the recommendations from the MTUS guidelines. CRP (C - reactive protein) is a blood test to measure inflammation and CPK (creatinine phosphokinase) is primarily testing for: heart attack, evaluate the cause of chest pain and for the detection of muscle damage, dermatomyositis, polymyositis and other muscle diseases. These tests are not recommended per MTUS as only the CBC and Chem 8 are supported. The requested laboratory testing is not medically necessary.