

Case Number:	CM14-0204244		
Date Assigned:	12/16/2014	Date of Injury:	02/21/2014
Decision Date:	02/05/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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 Internal 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 an injured worker with a history of cervical pain, cervical radiculopathy, cervical sprain strain, lumbar myospasms, lumbar pain, lumbar radiculopathy, lumbar sprain strain, right shoulder impingement syndrome, and right shoulder sprain strain. The mechanism of injury was slip and fall. The date of injury was February 21, 2014. The primary treating physician's progress report dated November 14, 2014 documented subjective complaints. Regarding the cervical spine, the patient complains of occasional minimal dull, achy neck pain. Regarding the lumbar spine, the patient complains of frequent mild to 2/10 low back pain and stiffness, associated with standing, walking and bending. Regarding the right shoulder, the patient complains of occasional mild 2/10 sharp right shoulder pain, numbness and tingling radiating to neck. The primary treating physician is a doctor of chiropractic D.C. Objective findings was documented. The patient is right hand dominant. JAMAR grip strength results with the right hand were 30, 30, and 26 kilograms. JAMAR grip strength results with the left hand were 20, 26, and 24 kilograms. Regarding cervical spine range of motion, cervical flexion, extension, lateral bending, and rotation that were within normal limits. There is tenderness to palpation of the cervical paravertebral muscles. There is muscle spasm of the cervical paravertebral muscles. Cervical compression is positive. Regarding lumbar spine range of motion, extension and lateral bending were within normal limits. Flexion was 50 degrees. Normal flexion is 60 degrees. There is tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. Straight Leg Raise causes pain on the right. Kemp's is positive bilaterally. Regarding right shoulder range of motion, flexion, extension, adduction, external rotation, and internal rotation were within normal limits. Abduction was 170 degrees, compared to normal 180 degrees. There is tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and supraspinatus. Supraspinatus Press is positive. Diagnoses were

cervical pain, cervical radiculopathy, cervical sprain strain, lumbar myospasms, lumbar pain, lumbar radiculopathy, lumbar sprain strain, right shoulder impingement syndrome, and right shoulder sprain strain. The treatment plan was documented. The patient was referred to a medical doctor M.D. for medications. Chiropractic 2x4 to increase range of motion and activities of daily living ADLs and decrease pain was requested. Acupuncture 2x4 to increase range of motion, increase activities of daily living, and decrease pain was requested. Internal Medicine consult M.D. medical doctor to review cardiorespiratory report and sleep study recommendations was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 181, 298, 299, 308, Chronic Pain Treatment Guidelines Chiropractic treatment; Manual therapy & manipulation Page(s): 30, 58-60.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address chiropractic treatment and manipulation. Manipulation is a passive treatment. The maximum duration of chiropractic treatment is 8 weeks. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 6 visits should document objective functional improvement. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that physical manipulation for neck pain is an optional physical treatment method, early in care only. Cervical manipulation has not yet been studied in workers' compensation populations. There is insufficient evidence to support manipulation of patients with cervical radiculopathy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints addresses chiropractic treatment and manipulation. For patients with symptoms lasting longer than one month, efficacy has not been proved. Many passive and palliative interventions are without meaningful long-term benefit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) states that a prolonged course of manipulation (longer than 4 weeks) is not recommended. The primary treating physician's progress report dated November 14, 2014 documented occasional minimal neck pain, mild low back pain, and occasional mild right shoulder pain. The cervical spine, right shoulder, and lumbar spine range of motion was essentially normal. Mild decrease in range of motion was demonstrated on physical examination. Eight chiropractic treatments were requested to increase range of motion and activities of daily living ADLs and decrease pain. The patient reported mild pain. Physical examination demonstrated essentially normal range of motion. ADL impairment was not documented. The 11/14/14 progress report does not support the request for chiropractic treatment. Per MTUS, the time to produce effect with chiropractic and

manipulation is 6 treatments. Treatment beyond 6 visits should document objective functional improvement. The request for 8 chiropractic treatments exceeds MTUS guideline recommendations and is not supported by the medical records and MTUS guidelines. Therefore, the request for Chiropractic sessions twice a week for four weeks is not medically necessary.

Acupuncture twice a week for four 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, Chapter 12 Low Back Complaints Page(s): 173-175, 300, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute. Bibliographic Source: Work Loss Data Institute. Neck and upper back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 May 14. <http://www.guideline.gov/content.aspx?id=47589>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Per MTUS, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that acupuncture has not been found effective in the management of back pain, based on several high-quality studies. ACOEM Chapter 8 Neck and Upper Back Complaints (Pages 173-175) states that invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. There is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical Neurostimulation (TENS) units, and biofeedback. Work Loss Data Institute guideline for the neck and upper back (acute & chronic) indicates that acupuncture for upper back and neck pain is not recommended. The primary treating physician's progress report dated November 14, 2014 documented occasional minimal neck pain, mild low back pain, and occasional mild right shoulder pain. The cervical spine, right shoulder, and lumbar spine range of motion was essentially normal. Mild decrease in range of motion was demonstrated on physical examination. Eight acupuncture treatments were requested to increase range of motion and activities of daily living ADLs and decrease pain. The patient reported mild pain. Physical examination demonstrated essentially normal range of motion. ADL impairment was not documented. The 11/14/14 progress report does not support the request for acupuncture treatment. MTUS Acupuncture Medical Treatment Guidelines state that the time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. The request for 8 acupuncture treatments exceeds MTUS guideline recommendations and is not supported by the medical records and MTUS guidelines. ACOEM and Work Loss Data Institute guideline indicate that acupuncture is not

recommended. Therefore, the request for Acupuncture twice a week for four weeks is not medically necessary.

Internal medicine consult with a urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75, Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. MTUS Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The primary treating physician's progress report dated November 14, 2014 documented that the patient was referred to a medical doctor M.D. for medications. Internal Medicine consult M.D. medical doctor to review cardiorespiratory report and sleep study recommendations was requested. The primary treating physician is a doctor of chiropractic D.C. Therefore, medications would have to be managed and prescribed by a medical doctor M.D. Cardiorespiratory report and sleep study recommendations are outside the scope of a chiropractor's scope of practice. Therefore, the patient's course of care would benefit from the expertise of an Internal Medicine M.D. physician. The request for an Internal Medicine consult is supported by MTUS and ACOEM guidelines. Therefore, the request for Internal medicine consult with a urine drug screen is medically necessary.