

<b>Case Number:</b>	CM14-0205969		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	08/31/2014
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 52 year old male with an injury date of 06/31/14. Based on the 11/13/14 progress report provided by treating physician, the patient complains of neck pain that radiates to the right upper extremity. Physical examination revealed tenderness to palpation to the right supraspinatus muscle with dysesthesia. Compression test positive on the right. Range of motion was decreased, on right rotation 64 degrees. Moderate tenderness noted on the right distal supraspinatus tendon and AC joint. Positive Neer's and Hawkin's tests. Patient can work modified duty, however employer cannot accommodate restrictions. The patient is temporarily totally disabled. Per Appeal letter by treating physician dated 12/09/14, the patient "has not received any prior conservative treatment to the cervical spine. Rather, he received only 2 weeks of physical therapy to the shoulder..." Treater is requesting manipulation to the cervical spine. Diagnosis 11/13/14- cervical facet syndrome- cervical radiculopathy, C6 distribution right upper extremity- probable rotator cuff tear, impingement, right shoulder- probable right supraclavicular nerve injury The utilization review determination being challenged is dated 11/24/14. Treatment reports were provided from 11/13/14 - 12/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of TENS Page(s): 116.

**Decision rationale:** The patient presents with neck pain that radiates to the right upper extremity. The request is for TENS unit for purchase. Patient's diagnosis on 11/13/14 included cervical facet syndrome; cervical radiculopathy, C6 distribution right upper extremity; and probable right shoulder rotator cuff tear and impingement. The patient is temporarily totally disabled. Per Appeal letter by treating physician dated 12/09/14, the patient "has not received any prior conservative treatment to the cervical spine. Rather, he received only 2 weeks of physical therapy to the shoulder..." Treater is requesting chiropractic manipulation to the cervical spine. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain:(p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Treater has not provided reason for the request. Guidelines indicate documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, the treater has not indicated how the unit worked in the past, and there is no documentation of 30 day trial, as required by guidelines. Furthermore, the patient does not present with an indication for TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others; but not chronic low back or neck pain. Treater has not documented how the TENS is to be used either. Therefore, the request is not medically necessary.

**Spinal manipulation times 18:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** The patient presents with neck pain that radiates to the right upper extremity. The request is for spinal manipulation times 18. Patient's diagnosis on 11/13/14 included cervical facet syndrome; cervical radiculopathy, C6 distribution right upper extremity; and probable right shoulder rotator cuff tear and impingement. The patient is temporarily totally disabled. Per Appeal letter by treating physician dated 12/09/14, the patient "has not received any prior conservative treatment to the cervical spine. Rather, he received only 2 weeks of physical therapy to the shoulder..." Treater is requesting chiropractic manipulation to the cervical spine. MTUS 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. Per Appeal letter by treating physician

dated 12/09/14, the patient "has not received any prior conservative treatment to the cervical spine. Rather, he received only 2 weeks of physical therapy to the shoulder." Treater is requesting chiropractic manipulation to the cervical spine. Given patient's symptoms and diagnosis, a short course of 6 sessions over 2 weeks would be reasonable and indicated by guidelines. However, the request for 18 sessions without evidence of objective functional improvement exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.

**Ultrasound times 18: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic) Chapter under Ultrasound, therapeutic.

**Decision rationale:** The patient presents with neck pain that radiates to the right upper extremity. The request is for Ultrasound times 18. Patient's diagnosis on 11/13/14 included cervical facet syndrome; cervical radiculopathy, C6 distribution right upper extremity; and probable right shoulder rotator cuff tear and impingement. The patient is temporarily totally disabled. Treater is requesting chiropractic manipulation to the cervical spine. ODG-TWC, Neck and Upper Back (Acute and Chronic) Chapter under Ultrasound, therapeutic states: "Under study. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Gross-Cochrane, 2002)" Per Appeal letter by treating physician dated 12/09/14, the patient "has not received any prior conservative treatment to the cervical spine. Rather, he received only 2 weeks of physical therapy to the shoulder." However, treater has not provided reason for the request, nor documented objective progress towards functional restoration. Furthermore, therapeutic ultrasound for the neck is "under study," and cannot be recommended. Therefore, the request is not medically necessary.

**Electric muscle stimulation times 18: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic) Chapter under Electrical muscle stimulation (EMS)

**Decision rationale:** The patient presents with neck pain that radiates to the right upper extremity. The request is for electric muscle stimulation times 18. Patient's diagnosis on 11/13/14 included cervical facet syndrome; cervical radiculopathy, C6 distribution right upper

extremity; and probable right shoulder rotator cuff tear and impingement. The patient is temporarily totally disabled. Treater is requesting chiropractic manipulation to the cervical spine. ODG-TWC, Neck and Upper Back (Acute and Chronic) Chapter under Electrical muscle stimulation (EMS) states: "Not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999)" Per Appeal letter by treating physician dated 12/09/14, the patient "has not received any prior conservative treatment to the cervical spine. Rather, he received only 2 weeks of physical therapy to the shoulder." However, treater has not provided reason for the request, nor documented objective progress towards functional restoration. Furthermore, guidelines do not recommend electrical muscle stimulation (EMS) to the neck. Therefore, the request is not medically necessary.

**Diathermy times 18:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic) Chapter under Diathermy.

**Decision rationale:** The patient presents with neck pain that radiates to the right upper extremity. The request is for Diathermy times 18. Patient's diagnosis on 11/13/14 included cervical facet syndrome; cervical radiculopathy, C6 distribution right upper extremity; and probable right shoulder rotator cuff tear and impingement. The patient is temporarily totally disabled. Treater is requesting chiropractic manipulation to the cervical spine. ODG-TWC, Neck and Upper Back (Acute and Chronic) Chapter under Diathermy states: "Not recommended. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. (Gross-Cochrane, 2002). In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999)" Per Appeal letter by treating physician dated 12/09/14, the patient "has not received any prior conservative treatment to the cervical spine. Rather, he received only 2 weeks of physical therapy to the shoulder." However, treater has not provided reason for the request, nor documented objective progress towards functional restoration. Furthermore, guidelines do not recommend diathermy to the neck. Therefore, the request is not medically necessary.

**Traction times 18:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic) Chapter under Traction (mechanical)

**Decision rationale:** The patient presents with neck pain that radiates to the right upper extremity. The request is for Traction times 18. Patient's diagnosis on 11/13/14 included cervical facet syndrome; cervical radiculopathy, C6 distribution right upper extremity; and probable right shoulder rotator cuff tear and impingement. The patient is temporarily totally disabled. Per Appeal letter by treating physician dated 12/09/14, the patient "has not received any prior conservative treatment to the cervical spine. Rather, he received only 2 weeks of physical therapy to the shoulder..." Treater is requesting chiropractic manipulation to the cervical spine. ODG-TWC, Neck and Upper Back (Acute and Chronic) Chapter under Traction (mechanical) states: "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. (Aetna, 2004). In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999)" Per Appeal letter by treating physician dated 12/09/14, the patient "has not received any prior conservative treatment to the cervical spine. Rather, he received only 2 weeks of physical therapy to the shoulder." However, treater has not provided reason for the request, nor documented whether traction is for home use as part of home exercise program, or powerbased. It appears the request is for 18 visits of power based traction, which is not recommended by guidelines. Therefore, the request is not medically necessary.

**Manual therapy times 18:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic) Chapter states: Massage therapy

**Decision rationale:** The patient presents with neck pain that radiates to the right upper extremity. The request is for Manual Therapy times 18. Patient's diagnosis on 11/13/14 included cervical facet syndrome; cervical radiculopathy, C6 distribution right upper extremity; and probable right shoulder rotator cuff tear and impingement. The patient is temporarily totally disabled. Treater is requesting chiropractic manipulation to the cervical spine. MTUS page 60 supports massage therapy as an adjunct to other recommended treatment such as

exercise and states that it should be limited to 4-6 visits in most cases. ODG Guidelines, Neck and Upper Back (Acute and Chronic) Chapter states: "Massage therapy: recommended frequency and duration of treatment for massage therapy are the same as Manipulation: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Per Appeal letter by treating physician dated 12/09/14, the patient "has not received any prior conservative treatment to the cervical spine. Rather, he received only 2 weeks of physical therapy to the shoulder..." Given patient's symptoms and diagnosis, a short course of 6 sessions over 2 weeks would be reasonable and indicated by guidelines. However, the request for 18 sessions without evidence of objective functional improvement exceeds what is allowed by guidelines. Therefore, the request is not medically necessary.