

<b>Case Number:</b>	CM14-0055818		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and back pain reportedly associated with an industrial injury of January 7, 2014. In a Utilization Review Report dated April 13, 2014, the claims administrator denied eight sessions of chiropractic manipulative therapy, denied a physiatry referral, denied a one-time psychology evaluation, denied a magnetic resonance imaging (MRI) of the cervical spine, denied an MRI of the thoracic spine, and denied an MRI of the right shoulder. The claims administrator stated that its decision was based on an RFA form of April 11, 2014 and associated progress note of April 7, 2014. The applicant's attorney subsequently appealed. In a January 24, 2014 progress note, the applicant reported ongoing complaints of neck, shoulder, and upper extremity pain. The applicant was apparently working with restrictions in place. The applicant had apparently been given a more ergonomically-friendly workstation, it was stated. 2/10 multifocal pain complaints were appreciated. The applicant was asked to continue Motrin. Physical therapy and work restrictions were endorsed. On April 3, 2014, the applicant reported ongoing complaints of shoulder, trapezius, neck, and upper extremity pain reportedly attributed to cumulative trauma at work. The applicant was in the process of moving to an alternate position, with a different employer, in a different state. The applicant had comorbid issues with an essential tremor. The applicant was on Mobic, Flexeril, and Xanax. The applicant was given a primary diagnosis of myofascial pain syndrome, with ancillary diagnosis of thoracic strain, neck pain, and anxiety. The applicant exhibited 5/5 upper and lower extremity strength. The applicant's gait was normal. Cranial nerve testing was intact. The applicant exhibited full range of motion about the thoracic spine, lumbar spine, and bilateral shoulders. No tenderness was appreciated about the shoulder. Negative provocative testing about the shoulders was reported. Some low-grade stiffness was noted about the neck. The applicant's tenderness was all muscular and/or myofascial in nature.

The applicant was asked to discontinue Xanax. The applicant was referred to physiatry to address the applicant's myofascial pain complaints and anxiety. A psychological evaluation was also sought. BuSpar and tramadol were endorsed. The applicant was asked to continue Mobic and Flexeril. A chiropractic manipulative therapy referral was made. In an earlier note dated March 26, 2014, it was suggested that the applicant was working regular duty. In an April 7, 2014 progress note, the applicant was asked to continue physical therapy, continue current medications, return to regular duty work, and obtain the previously ordered imaging studies. The applicant had felt less anxious than before after the specialty consultation, it was stated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic treatment x 8 visits for neck and back:** Overturned

**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): 299-300; Table 8-8,181.

**Decision rationale:** The request in question was initiated on April 3, 2014. The request was framed as a first-time request for chiropractic manipulative therapy. As noted in the California MTUS-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 8, Table 8-8, page 181, physical manipulation for neck pain is deemed "optional" early in care only. In this case, the request was initiated on or around the two and a half month mark of the date of injury. The applicant was relatively early in the case of the claim. While the MTUS Guideline in ACOEM Chapter 12, pages 299-300 note that manipulative therapy can enhance an applicant's mobilization during the acute phase of an injury and may be used to the extent of facilitating return to normal functional activities, particularly work, in this case, the applicant was seemingly intent on employing the proposed chiropractic manipulative therapy in the context of a program of functional restoration, as evinced by her already-successful return to regular duty work. Pursuing chiropractic manipulative therapy for the applicant's neck and back pain was, thus, indicated, on or around the date in question, April 3, 2014. Therefore, the request was/is medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, 182.

**Decision rationale:** While the California MTUS Guideline in American College of Occupational and Environmental Medicine (ACOEM) Chapter 8, Table 8-8, page 182 does recommend magnetic resonance imaging (MRI) or computed tomography (CT) imaging of the cervical spine to validate a diagnosis of nerve root compromise, based on clear history and physical exam

findings, in preparation for an invasive procedure, in this case, however, the applicant's primary pain generator was, in fact, myofascial pain/muscular pain, the requesting provider acknowledged. The applicant did not have any issues with nerve root compromise evident on the date of the request, April 3, 2014. The applicant was described as having muscular tenderness and myofascial pain complaints on that date. The applicant was possessed of a normal neurologic exam, including well-preserved, 5/5 bilateral upper extremity strength, effectively arguing against any nerve root compromise for which cervical MRI imaging would have been indicated. Therefore, the request was/is not medically necessary.

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6,214.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging for evaluation purposes without surgical indication is deemed "not recommended." In this case, the applicant is not, in fact, a candidate for any kind of surgical intervention involving the injured shoulder. The applicant was described on April 3, 2014 office visit on which the article in question was sought as having well-preserved, full shoulder range of motion. The applicant had myofascial or muscular pain complaints. There was no mention of the applicant's having any suspected internal derangement of the shoulder for which surgical intervention is being considered. Therefore, the request was/is not medically necessary.

**Referral to Physiatrist:** Overturned

**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 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 306; 180; 210.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 8, page 180, applicants who have no clear indications for surgery involving the cervical spine may benefit from referral to a physical medicine and rehabilitation practitioner. Here, the applicant has predominantly myofascial and/or muscular pain complaints with superimposed issues with anxiety. The applicant is not a candidate for any kind of surgical intervention involving the cervical spine. The applicant, thus, is an appropriate candidate for a physiatrist referral. Similarly, the MTUS Guidelines in ACOEM Chapter 9, page 210 and ACOEM Chapter 12, page 306 also note that referral to a physical medicine practitioner may help to resolve shoulder and/or low back symptoms in applicants in whom there is no clear indication for surgery. Here, as noted previously, the applicant is not a candidate for any kind of surgical intervention involving any of the body parts at issue. Referral to a physical medicine practitioner is indicated, to

address the nonoperative myofascial pain complaints. Therefore, the request is medically necessary.