

<b>Case Number:</b>	CM15-0018926		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/01/1994
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 female who sustained an industrial injury on 8/1/94. The injured worker reported symptoms in the cervical spine, shoulder and neck. The diagnoses included right shoulder impingement syndrome status post arthroscopic debridement, chronic cervical spinal pain, right upper extremity thoracic outlet syndrome. Treatments to date include status post arthroscopic debridement, subacromial injections, and occipital nerve root block. In a progress note dated 1/15/15 the treating provider reports the injured worker was with "aching and decreased range of motion" in the right shoulder also noting that "Patient is experiencing numbness and tingling in the right and left arm and radicular pain in right and left arm." On 1/29/14 Utilization Review non-certified the request for cervical medial branch blocks, massage therapy for the right shoulder and neck, 2 times a week for 6 weeks, and chiropractic care for the cervical spine, 2 times a week for 6 weeks. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Medial Branch Nerve Blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Neck & Upper Back Procedure Summary.

**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, Facet Joint Diagnostic Blocks, Updated November 18, 2014.

**Decision rationale:** The Official Disability Guidelines recommends facet joint diagnostic blocks with a diagnosis of facet mediated pain and should only be administered individuals whose cervical spine pain is nonradicular in nature. The attached medical record indicates that the injured employee complains of radicular symptoms and there are abnormal neurological findings of the upper extremities on physical examination. There was also a positive Spurling's test. For these reasons, this request for cervical spine medial branch blocks are not medically necessary.

**Massage Therapy for the Right Shoulder and Neck (2 times a week for 6 weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**Decision rationale:** California MTUS guidelines recommends massage therapy as an adjunct to other treatments such as physical therapy and home exercise and limits treatments to 4 to 6 visits in most cases. Not only is this request for 12 visits, but there is no documentation of current participation of the injured employee in any exercise program. Additionally, there is no evidence of long-term pain relief with the usage of massage therapy as they do not address underlying causes of pain. For these reasons, this request for massage therapy is not medically necessary.

**Chiropractic Care for the Cervical Spine (2 times a week for 6 weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

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

**Decision rationale:** With regard to chiropractic treatment, the MTUS CPMTG states: "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion." Per the ODG TWC: 9679; Cervical Strain: Intensity & duration of care depend on severity of injury as indicated below, but

not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/deceleration injuries, motor vehicle accidents (MVA), including auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicated below. Mild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 weeks- Moderate (grade II): Trial of 6 visits over 2-3 weeks Moderate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity Severe (grade III): Trial of 10 visits over 4-6 weeks Severe (grade III): With evidence of objective functional improvement, total of up to 25 visits over 6 months, avoid chronicity As a trial of 10 visits is supported for severe cervical strain, and the request is for 12 visits, medical necessity cannot be affirmed.