

Case Number:	CM15-0146928		
Date Assigned:	08/07/2015	Date of Injury:	01/17/2015
Decision Date:	09/23/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/28/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male who sustained an industrial motor vehicle accident injury on 01-17-2015 as a bus driver. The injured worker was diagnosed with cervical sprain and strain, right shoulder rotator cuff tendinitis and lumbar sprain and strain. No surgical interventions were documented. Past treatments include diagnostic testing, conservative measures, physical therapy and medications. According to the primary treating physician's progress report on June 10, 2015, the injured worker continues to experience moderate lower back and right shoulder pain. Examination of the cervical spine and right shoulder demonstrated tenderness to palpation with muscle spasm about the trapezius musculature with restricted range of motion due to pain. Cervical distraction test was positive. There was supraspinatus weakness and positive impingement signs on the right. Examination of the lumbar spine demonstrated tenderness to palpation with spasm over the paravertebral muscles with negative straight leg raise. Patrick Fabere's test was positive. Sciatic tenderness was noted. Current medications are listed as Nabumetone and Omeprazole. Treatment plan consists of continuing with medication regimen, continuing work with restrictions and the current request for magnetic resonance arthrogram (MRA) of the right shoulder, magnetic resonance imaging (MRI) of the lumbar spine, 8 chiropractic manipulation therapy sessions for the lumbar spine and 8 chiropractic manipulation therapy sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MR arthrogram of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207,208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging.

Decision rationale: Based on the post UR (06/29/15), 07/08/15 progress report provided by treating physician, the patient presents with pain to the shoulder with decreased range of motion and pain with lifting. The request is for ONE MR arthrogram of the right shoulder. Patient's diagnosis per Request for Authorization form dated 06/18/15 includes right shoulder rotator cuff tear, cervical spine strain, and lumbar spine strain. Physical examination to the right shoulder revealed tenderness to palpation about the trapezius musculature, supraspinatus weakness and restricted range of motion. Positive Impingement sign. Patient's medications include Nabumetone, Omeprazole, and Cyclobenzaprine. The patient may continue to work with restrictions, per 07/08/15 report. ACOEM Guidelines has the following regarding shoulder MRI on Chapter 9, pages 207 and 208: "routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain." ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Per 07/08/15 report, treater states, "I would like to request authorization for ... MRA of the right shoulder to better assess the root of the patient's complaints." Treatment to date has included diagnostic testing, conservative measures, physical therapy and medications. ODG allows the use of MRI imaging to perform a global examination. The patient continues with pain, and there is no indication the patient had prior MRI of the right shoulder. Given the patient's symptoms, physical examination findings and diagnosis, this request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

One MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter under MRI's.

Decision rationale: Based on the post UR (06/29/15), 07/08/15 progress report provided by treating physician, the patient presents with low back pain that radiates to left buttock, with numbness in the right thigh. The request is for one MRI of the lumbar spine. Patient's diagnosis per Request for Authorization form dated 06/18/15 includes right shoulder rotator cuff tear, cervical spine strain, and lumbar spine strain. Diagnosis on 07/08/15 included lumbar spine sprain/strain with radicular complaints. Physical examination to the lumbar spine on 07/08/15 revealed spasms and tenderness to palpation to the bilateral paravertebrals. Positive Patrick Fabere's and Sciatic tenderness. Treatment to date has included diagnostic testing, conservative measures, physical therapy and medications. Patient's medications include Nabumetone, Omeprazole, and Cyclobenzaprine. The patient may continue to work with restrictions, per 07/08/15 report. ACOEM Guidelines, chapter 8 pages 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG guidelines, Low back Chapter under MRI's (magnetic resonance imaging) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. "Repeat MRIs are indicated only if there has been progression of neurologic deficit." ODG guidelines further states that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per 07/08/15 report, treater states, "I would like to request authorization for MRI study of the lumbar spine ... to better assess the root of the patient's complaints." The patient continues with low back pain with radicular symptoms, and there is no indication of prior MRI of the lumbar spine. This request appears reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.

8 chiropractic manipulation therapy for the right shoulder, 2 sessions per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Section Page(s): 58-59.

Decision rationale: Based on the post UR (06/29/15), 07/08/15 progress report provided by treating physician, the patient presents with pain to the shoulder with decreased range of motion and pain with lifting. The request is for 8 chiropractic manipulation therapy for the right shoulder, 2 sessions per week for 4 weeks. Patient's diagnosis per Request for Authorization form dated 06/18/15 includes right shoulder rotator cuff tear, cervical spine strain, and lumbar spine strain. Physical examination to the right shoulder revealed tenderness to palpation about the trapezius musculature, supraspinatus weakness and restricted range of motion. Positive Impingement sign. Treatment to date has included diagnostic testing, conservative measures, physical therapy and medications. Patient's medications include Nabumetone, Omeprazole, and Cyclobenzaprine. The patient may continue to work with restrictions, per 07/08/15 report. MTUS Guidelines, pages 58-59, Manual therapy & manipulation Section 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. Given the patient's continued symptoms and diagnosis, a short course of chiropractic would appear to be indicated by guidelines. However, MTUS recommends trial of 6 sessions and up to 18 visits with objective functional improvement. The request for 8 trial visits exceeds what is allowed by MTUS. Therefore, the request IS NOT medically necessary.

8 chiropractic manipulation therapy for the lumbar spine, 2 sessions per week for 4 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: Based on the post UR (06/29/15), 07/08/15 progress report provided by treating physician, the patient presents with low back pain that radiates to left buttock, with numbness in the right thigh. The request is for 8 chiropractic manipulation therapy for the lumbar spine, 2 sessions per week for 4 weeks. Patient's diagnosis per Request for Authorization form dated 06/18/15 includes right shoulder rotator cuff tear, cervical spine strain, and lumbar spine strain. Diagnosis on 07/08/15 included lumbar spine sprain/strain with radicular complaints. Physical examination to the lumbar spine on 07/08/15 revealed spasms and tenderness to palpation to the bilateral paravertebrals. Positive Patrick Fabere's and Sciatic tenderness. Treatment to date has included diagnostic testing, conservative measures, physical therapy and medications. Patient's medications include Nabumetone, Omeprazole, and Cyclobenzaprine. The patient may continue to work with restrictions, per 07/08/15 report. MTUS Guidelines, pages 58-59, Manual therapy & manipulation Section 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. Given the patient's continued symptoms and diagnosis, a short course of chiropractic would appear to be indicated by guidelines. However, MTUS recommends trial of 6 sessions and up to 18 visits with objective functional improvement. The request for 8 trial visits exceeds what is allowed by MTUS. Therefore, the request IS NOT medically necessary.