

Case Number:	CM15-0162553		
Date Assigned:	08/28/2015	Date of Injury:	02/05/2014
Decision Date:	09/30/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/19/2015

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: Emergency Medicine

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 (IW) is a 44 year old male who sustained an industrial injury on 02/05/2014. He reported injuries to his head, neck, right shoulder and upper extremity and torso and low back with right lower extremity complaints. The injured worker was diagnosed as having: Bilateral lower extremity radiculopathy. Displacement of lumbar intervertebral disc without myelopathy. Spinal stenosis of unspecified region. Symptoms referable to back: lumbar facet joint syndrome-hypertrophy ruled out. Degeneration of lumbar or lumbosacral intervertebral disc. Myalgia and myositis unspecified. Cervical radiculopathy. Displacement of cervical intervertebral disc without myelopathy. Spinal stenosis in cervical region. Degeneration of cervical intervertebral disc; Cervicalgia. Currently, the injured worker complains of constant aching sharp pain in his neck that travels down the right arm. In the lower back, he has constant sharp and aching pain that he rates as an 8 on a scale of 0-10. Medication reduces the lower back pain to a 6 on a scale of 0-10. He complains of difficulty falling asleep and difficulty staying asleep due to pain. He complains of weight gain due to the injury, decreased muscle mass and strength and decreased energy levels. His pain is aggravated by prolonged sitting, prolonged standing, repetitive bending, and stooping, kneeling, squatting, overhead reaching, twisting, lifting, carrying and climbing. Cold weather and lifting heavy objects also aggravate his pain. Rest, activity modification and cold reduce his pain. Acupuncture recently done 2 times per week for the last three weeks was temporarily helpful but the pain levels have increased again. A transcutaneous electrical nerve stimulation (TENS) unit also provided temporary relief. He is taking Motrin 800 mg for pain and using topical ointments. On exam, there is non-specific

tenderness to the right shoulder and tenderness at the supraspinatus on the right. Range of motion is normal in all planes bilaterally. The cervical spine has normal range of motion in all planes with a noted sensory deficit of the lateral forearm, hand and thumb on the right with distorted superficial tactile sensibility corresponding to the C7 dermatome. There is noted sensory deficit of the middle finger on the right with distorted superficial tactile sensibility corresponding to the C7 dermatome and noted sensory deficit to the C8 dermatome on the right. There is no decrease in sensibility, abnormal sensation or pain in C6-C8 on the left. At levels C5-C6 and C6-C7, palpation reveals moderate paraspinal tenderness. At levels C5-C6 and C6-C7 palpation reveals spinal. Palpation reveals moderate sub occipital tenderness on the right. In the thoracic spine, the worker has a noted sensory deficit of the medial forearm on the right corresponding to the T1 dermatome. There is motor deficit of the intrinsic hand muscles on the right and complete active range of motion against gravity with some resistance corresponding to the T1 Myotomes. The treatment plan is for a second diagnostic cervical epidural steroid injection at disc levels C5-C6 and C6-C7 (following clearance from internal medicine). He is to continue his current medications. A request for authorization was submitted for: 1. Acupuncture/acupressure, infrared treatment, right shoulder & lumbar spine, 2 x 4 weeks; 2. Educational injury prevention class x 2; 3. Chiro evaluation and treatment, neck, upper back, low back, 1 time per week for 4 week4. X-ray right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro evaluation and treatment, neck, upper back, low back, 1 time per week for 4 weeks:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The requested Chiro evaluation and treatment, neck, upper back, low back, 1 time per week for 4 weeks, is medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines. The injured worker has constant aching sharp pain in his neck that travels down the right arm. In the lower back, he has constant sharp and aching pain that he rates as an 8 on a scale of 0-10. Medication reduces the lower back pain to a 6 on a scale of 0-10. He complains of difficulty falling asleep and difficulty staying asleep due to pain. He complains of weight gain due to the injury, decreased muscle mass and strength and decreased energy levels. His pain is aggravated by prolonged sitting, prolonged standing, repetitive bending, and stooping, kneeling, squatting, overhead reaching, twisting, lifting, carrying and climbing. The treating physician has documented non-specific tenderness to the right shoulder and tenderness at the supraspinatus on the right. Range of motion is normal in all planes bilaterally. The cervical spine has normal range of motion in all planes with a noted sensory deficit of the lateral forearm, hand and thumb on the right with distorted superficial tactile sensibility corresponding to the C7 dermatome. There is noted sensory deficit of the middle finger on the right with distorted superficial tactile sensibility corresponding to the C7 dermatome and noted sensory deficit to the C8 dermatome on the right. There is no decrease in sensibility, abnormal sensation or pain in C6-C8 on the left. At

levels C5-C6 and C6-C7, palpation reveals moderate paraspinal tenderness. At levels C5-C6 and C6-C7 palpation reveals spinal. Palpation reveals moderate sub occipital tenderness on the right. In the thoracic spine, the worker has a noted sensory deficit of the medial forearm on the right corresponding to the T1 dermatome. There is motor deficit of the intrinsic hand muscles on the right and complete active range of motion against gravity with some resistance corresponding to the T1 Myotomes. The treating physician has established the medical necessity for a current trial of chiropractic treatment. The criteria noted above having been met, Chiro evaluation and treatment, neck, upper back, low back, 1 time per week for 4 weeks is medically necessary.

X-ray right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The requested X-ray right knee is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, pp. 341-343, recommend knee x-rays when "Patient is able to walk without a limp. Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall. Palpable tenderness over fibular head or patella. Inability to walk (four steps) or bear weight immediately or within a week of the trauma. Inability to flex knee to 90 degrees." The injured worker has constant aching sharp pain in his neck that travels down the right arm. In the lower back, he has constant sharp and aching pain that he rates as an 8 on a scale of 0-10. Medication reduces the lower back pain to a 6 on a scale of 0-10. He complains of difficulty falling asleep and difficulty staying asleep due to pain. He complains of weight gain due to the injury, decreased muscle mass and strength and decreased energy levels. His pain is aggravated by prolonged sitting, prolonged standing, repetitive bending, and stooping, kneeling, squatting, overhead reaching, twisting, lifting, carrying and climbing. The treating physician has documented non-specific tenderness to the right shoulder and tenderness at the supraspinatus on the right. Range of motion is normal in all planes bilaterally. The cervical spine has normal range of motion in all planes with a noted sensory deficit of the lateral forearm, hand and thumb on the right with distorted superficial tactile sensibility corresponding to the C7 dermatome. There is noted sensory deficit of the middle finger on the right with distorted superficial tactile sensibility corresponding to the C7 dermatome and noted sensory deficit to the C8 dermatome on the right. There is no decrease in sensibility, abnormal sensation or pain in C6-C8 on the left. At levels C5-C6 and C6-C7, palpation reveals moderate paraspinal tenderness. At levels C5-C6 and C6-C7 palpation reveals spinal. Palpation reveals moderate sub occipital tenderness on the right. In the thoracic spine, the worker has a noted sensory deficit of the medial forearm on the right corresponding to the T1 dermatome. There is motor deficit of the intrinsic hand muscles on the right and complete active range of motion against gravity with some resistance corresponding to the T1 Myotomes. The treating physician has not documented the presence of any of the criteria noted above. The

criteria noted above not having been met, X-ray right knee is not medically necessary.