

Case Number:	CM15-0034423		
Date Assigned:	03/02/2015	Date of Injury:	08/11/2014
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/24/2015

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: Internal 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 is a 38-year-old female, who sustained an industrial injury on 08/11/2014. The diagnoses have included cervical sprain/strain radiating to shoulders, muscle tension headaches, left forearm abrasions, bilateral shoulder sprain/strain impingement, lumbar sprain/strain, and lumbar radiculitis to bilateral lower extremities. Noted treatments to date have included chiropractic physiotherapy, acupuncture therapy, and medications. No MRI report noted in received medical records. In a progress note dated 01/14/2015, the injured worker presented with complaints of low and mid back pain, bilateral shoulder pain, and neck pain. The treating physician reported tenderness to palpation over the paraspinal muscles. Utilization Review determination on 02/05/2015 non-certified the request for Continue Chiropractic treatment (x8), Continue Acupuncture (x4), MRI (L) Shoulder Without Contrast, MRI (R) Shoulder Without Contrast, and Pain Management Follow Up citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, Acupuncture Medical Treatment Guidelines, American College of Occupational and Environmental Medicine, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue chiropractic treatment for 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 181, 298, 299, 308, Chronic Pain Treatment Guidelines Chiropractic treatment Page 30. Manual therapy & manipulation Page 58-60.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address chiropractic treatment and manipulation. Manipulation is a passive treatment. The maximum duration of chiropractic treatment is 8 weeks. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 6 visits should document objective functional improvement. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that physical manipulation for neck pain is an optional physical treatment method, early in care only. Cervical manipulation has not yet been studied in worker's compensation populations. There is insufficient evidence to support manipulation of patients with cervical radiculopathy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints addresses chiropractic treatment and manipulation. For patients with symptoms lasting longer than one month, efficacy has not been proved. Many passive and palliative interventions are without meaningful long-term benefit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) states that a prolonged course of manipulation (longer than 4 weeks) is not recommended. The primary treating physician's progress report dated 1/14/15 indicated that the patient has received chiropractic treatments in the past. Chiropractic treatment two times a week for four weeks (8) was requested. Per MTUS, the time to produce effect with chiropractic and manipulation is 6 treatments. Treatment beyond 6 visits should document objective functional improvement. The request for 8 chiropractic treatments exceeds MTUS guideline recommendations and is not supported by MTUS guidelines. No functional improvement with past chiropractic treatments were documented in the 1/14/15 progress report. The request for 8 additional chiropractic visits is not supported by MTUS & ACOEM guidelines. Therefore, the request for 8 additional chiropractic visits is not medically necessary.

Continue acupuncture for 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300, 173-175, Acupuncture Treatment

Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute - Neck and upper back (acute & chronic) <http://www.guideline.gov/content.aspx?id=47589>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Per MTUS, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that acupuncture has not been found effective in the management of back pain, based on several high-quality studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Pages 173-175) states that invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. There is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Work Loss Data Institute guideline for the neck and upper back (acute & chronic) indicates that acupuncture for upper back and neck pain is not recommended. The primary treating physician's progress report dated 1/15/14 documented that the patient states that acupuncture therapy is not helping. No functional improvement with past acupuncture treatments was documented in the 1/14/15 progress report. MTUS Acupuncture Medical Treatment Guidelines indicates that acupuncture treatments may be extended if functional improvement is documented. Because there was no functional improvement with past acupuncture treatments, the request for additional acupuncture treatments exceeds MTUS guideline recommendations and is not supported by MTUS guidelines. ACOEM guidelines indicate that acupuncture is not recommended for low back conditions. ACOEM and Work Loss Data Institute guideline indicate that acupuncture is not recommended for neck conditions. Therefore, the request for the continuation of acupuncture is not medically necessary.

MRI of left (L) shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 208. Decision based on Non-MTUS Citation Online Official Disability Guidelines (ODG); <http://www.odg-twc.com/odgtwc/shoulder.htm>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Magnetic resonance imaging (MRI).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses shoulder MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints state that relying only on imaging

studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results). MRI is recommended for preoperative evaluation of rotator cuff tears. Routine MRI without surgical indications is not recommended. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) state that there were high rates of inappropriate examinations for shoulder MRIs in patients with no histories of trauma and documented osteoarthritis on plain-film radiography. Indications for imaging magnetic resonance imaging (MRI) include acute shoulder trauma, suspected rotator cuff tear/impingement, with normal plain radiographs. The primary treating physician's progress report dated 1/14/15 documented bilateral shoulder pain. No range of motion was documented in the 1/14/15 progress report. No plain film X-rays of the shoulders were documented in the 1/14/15 progress report. ODG guidelines indicate that plain-film x-ray radiographs are required for consideration of shoulder MRI. The 1/14/15 progress report does not provide clinical support for MRI of bilateral shoulders. Therefore, the request for MRI of the left shoulder is not medically necessary.

MRI of right (R) shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 208. Decision based on Non-MTUS Citation Online Official Disability Guidelines (ODG); <http://www.odg-twc.com/odgtwc/shoulder.htm>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Magnetic resonance imaging (MRI).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses shoulder MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints state that relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results). MRI is recommended for preoperative evaluation of rotator cuff tears. Routine MRI without surgical indications is not recommended. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) state that there were high rates of inappropriate examinations for shoulder MRIs in patients with no histories of trauma and documented osteoarthritis on plain-film radiography. Indications for imaging magnetic resonance imaging (MRI) include acute shoulder trauma, suspected rotator cuff tear/impingement, with normal plain radiographs. The primary treating physician's progress report dated 1/14/15 documented bilateral shoulder pain. No range of motion was documented in the 1/14/15 progress report. No plain film X-rays of the shoulders were documented in the 1/14/15 progress report. ODG guidelines indicate that plain-film x-ray radiographs are required for consideration of shoulder MRI. The 1/14/15 progress report does not provide clinical support for MRI of bilateral shoulders. Therefore, the request for MRI of the right shoulder is not medically necessary.

Pain management follow-up: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The primary treating physician's report by the D.C. doctor of chiropractic dated 1/14/15 documented the shoulder, neck and back conditions. The patient complains of chronic pain. Pain management M.D. physician follow-up was requested. The patient's primary treating provider is a chiropractor. Consultation with a pain management M.D. physician is supported by MTUS and ACOEM guidelines. The patient's course of care would benefit from the expertise of a pain management physician, and is supported by ACOEM & MTUS guidelines. Therefore, the request for pain management follow-up is medically necessary.