

<b>Case Number:</b>	CM15-0053779		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 52 year old female, who sustained an industrial injury on 09/16/2013. She tripped causing a fracture of her left humerus. Treatment to date has included x-rays, MRI, shoulder surgery and physical therapy. According to a progress report dated 01/26/2015, the injured worker had ongoing neck pain with frozen shoulder symptoms post 6 month surgery. Diagnoses included upper extremity subluxation, upper extremity swelling and limb pain. On 03/02/2015, the provider requested authorization for ortho shoulder specialist and pain management and 8 chiropractic sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, pages 92, 127 and 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic pain programs.

**Decision rationale:** MTUS states: Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. ODG states concerning chronic pain programs: (e) Development of psychosocial sequel that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function. While the treating physician does document the use of opioids, the treating physician has not provided detailed documentation of chronic pain treatment trials and failures to meet all six MTUS criteria for a chronic pain management program. MRI 2/15 shows evidence of a rotator cuff tear and notes state that the patient is being referred to orthopedics for further evaluation and possible surgery. The records fail to indicate why a pain management consultation is indicated. As such, the request for Pain management consultation is not medically necessary.

**Chiropractic (8 sessions) for the cervical spine and the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60, Postsurgical Treatment Guidelines.

**Decision rationale:** MTUS guidelines do not specifically address cervical neck chiropractic therapy, but does discuss chiropractic therapy in general. MTUS states: Recommended for chronic pain if caused by musculoskeletal conditions. MTUS additionally quantifies, b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered maximum may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those

patients with comorbidities. ODG writes: it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Additionally, ODG details criteria for treatment: Regional Neck Pain: 9 visits over 8 weeks; 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. Cervical Nerve Root Compression with Radiculopathy: Patient selection based on previous chiropractic success; Trial of 6 visits over 2-3 weeks. With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care; Post Laminectomy Syndrome: 14-16 visits over 12 weeks. ODG Chiropractic Guidelines; Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks. Medical records indicate that the patient has received shoulder surgery 7/14 and post-op physical therapy. The patient is now has a MRI 2/15 which showed new versus missed rotator cuff tears and is being referred to orthopedics for further evaluation and therapy. The records contain little information about cervical pain or a cervical exam. The treating physician does not note any improved objective or subjective findings, which is necessary for ongoing therapy. As such, the request for Chiropractic (8 sessions) for the cervical spine and the left shoulder is not medically necessary.