

<b>Case Number:</b>	CM15-0065311		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	06/25/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 was a 61 year old male, who sustained an industrial injury, June 25, 2014. The injured worker previously received the following treatments left shoulder MRI, lumbar spine MRI, cervical spine MRI, chiropractic treatment, physical therapy and therapeutic exercises. The injured worker was diagnosed with lumbar spine strain/sprain with radiculopathy, cervical strain/sprain with disc bulges and radiculopathy, thoracic strain/sprain, left shoulder strain/sprain, depression, cardiovascular disorder and gastritis (psychogenic). According to progress note of February 18, 2015, the injured workers chief complaint was lower back frequent, intermittent, moderate, radiating pain and soreness. The cervical neck pain was frequent, intermittent, moderate, radiating pain and stiffness. Mid back was frequent, moderate pain and stiffness. Left shoulder was frequent, moderate to severe pain and stiffness with a slight decrease in pain. The physical exam noted moderate palpable tenderness more on the left than the right. The treatment plan included chiropractic services, physical therapy to the lumbar/thoracic/cervical spine and left shoulder and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Chiropractic care sessions, 2x2 weeks, for lumbar, thoracic, cervical spine and left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Pain Outcomes and Endpoints Page(s): 58-59, 8.

**Decision rationale:** Based on the 02/18/15 progress report provided by treating physician, the patient presents with neck, mid and low back pain, and left shoulder pain. The request is for 4 CHIROPRACTIC CARE SESSIONS, 2X2 WEEKS, FOR LUMBAR, THORACIC, CERVICAL SPINE AND LEFT SHOULDER. Patient's diagnosis per Request for Authorization form dated 02/18/15 includes lumbar and cervical spine sprain/strain rule out disc bulges, thoracic spine sprain/strain, left shoulder sprain/strain rule out rotator cuff tear, depression and anxiety disorder, cardiovascular disorder, and gastritis. Physical examination to the cervical spine on 02/18/15 revealed moderate tenderness to palpation and decreased range of motion in all planes. Positive CCT, CDT, FCT and Shoulder Distraction tests. Examination of the lumbar spine revealed moderate tenderness to palpation. Range of motion was decreased, especially on extension 12 degrees. Positive Kemp's, Straight leg raise, Braggard's, Ely's, Milgrams, and Valsalva tests. Examination to the left shoulder revealed tenderness and decreased range of motion. Positive Appley's scratch and Apprehension tests. Treatment to date included imaging studies, chiropractic, physical therapy, and therapeutic exercises. The patient is temporarily totally disabled, per 02/18/15 report. Treatment reports were provided from 09/29/14 - 02/28/15. MTUS Guidelines, pages 58-59, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Manual therapy & manipulation 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. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Per 08/07/14 report, treater states the patient's "response to Chiropractic treatment, Physiotherapy and Therapeutic Exercises, has been satisfactory. He has shown a slight improvement in ranges of motion and reports decrease in pain and duration of pain." Treater states in 02/18/15 report "I am requesting authorization for continued Chiropractic care, physiotherapy and therapeutic exercises... If his progress continues, to continue treatments..." Given patient's continued symptoms and diagnosis, a short course of chiropractic would be indicated by guidelines. However, treater has not provided a precise treatment history. Furthermore, there is no indication of new injury or flare ups/recurrences to warrant additional treatment. Therefore, the request IS NOT medically necessary.

**4 Physiotherapy sessions, 2x2 weeks, for lumbar, thoracic, cervical spine and left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** Based on the 02/18/15 progress report provided by treating physician, the patient presents with neck, mid and low back pain, and left shoulder pain. The request is for 4 PHYSIOTHERAPY SESSIONS, 2X2 WEEKS, FOR LUMBAR, THORACIC, CERVICAL SPINE AND LEFT SHOULDER. Patient's diagnosis per Request for Authorization form dated 02/18/15 includes lumbar and cervical spine sprain/strain rule out disc bulges, thoracic spine sprain/strain, left shoulder sprain/strain rule out rotator cuff tear, depression and anxiety disorder, cardiovascular disorder, and gastritis. Physical examination to the cervical spine on 02/18/15 revealed moderate tenderness to palpation and decreased range of motion in all planes. Positive CCT, CDT, FCT and Shoulder Distraction tests. Examination of the lumbar spine revealed moderate tenderness to palpation. Range of motion was decreased, especially on extension 12 degrees. Positive Kemp's, Straight leg raise, Braggard's, Ely's, Milgrams, and Valsalva tests. Examination to the left shoulder revealed tenderness and decreased range of motion. Positive Appley's scratch and Apprehension tests. Treatment to date included imaging studies, chiropractic, physical therapy, and therapeutic exercises. The patient is temporarily totally disabled, per 02/18/15 report. Treatment reports were provided from 09/29/14 - 02/28/15. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per 08/07/14 report, treater states the patient's "response to Chiropractic treatment, Physiotherapy and Therapeutic Exercises, has been satisfactory. He has shown a slight improvement in ranges of motion and reports decrease in pain and duration of pain." Treater states in 02/18/15 report "I am requesting authorization for continued Chiropractic care, physiotherapy and therapeutic exercises... If his progress continues, to continue treatments..." Given patient's diagnosis, and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided a precise treatment history. Furthermore, the request for additional physical therapy cannot be warranted without discussion of any flare-ups, explanation of why on-going therapy is needed, or reason patient is unable to transition into a home exercise program. Therefore, the request IS NOT medically necessary.

**Therapeutic exercises, 2x2 weeks, for lumbar, thoracic, cervical spine and left shoulder:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Exercise.

**Decision rationale:** Based on the 02/18/15 progress report provided by treating physician, the patient presents with neck, mid and low back pain, and left shoulder pain. The request is for

THERAPEUTIC EXERCISES, 2X2 WEEKS, FOR LUMBAR, THORACIC, CERVICAL SPINE AND LEFT SHOULDER. Patient's diagnosis per Request for Authorization form dated 02/18/15 includes lumbar and cervical spine sprain/strain rule out disc bulges, thoracic spine sprain/strain, left shoulder sprain/strain rule out rotator cuff tear, depression and anxiety disorder, cardiovascular disorder, and gastritis. Physical examination to the cervical spine on 02/18/15 revealed moderate tenderness to palpation and decreased range of motion in all planes. Positive CCT, CDT, FCT and Shoulder Distraction tests. Examination of the lumbar spine revealed moderate tenderness to palpation. Range of motion was decreased, especially on extension 12 degrees. Positive Kemp's, Straight leg raise, Braggard's, Ely's, Milgrams, and Valsalva tests. Examination to the left shoulder revealed tenderness and decreased range of motion. Positive Appley's scratch and Apprehension tests. Treatment to date included imaging studies, chiropractic, physical therapy, and therapeutic exercises. The patient is temporarily totally disabled, per 02/18/15 report. Treatment reports were provided from 09/29/14 - 02/28/15. ODG- TWC, Pain (Chronic) Chapter under Exercise states: "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) Per 08/07/14 report, treater states the patient's "response to Chiropractic treatment, Physiotherapy and Therapeutic Exercises, has been satisfactory. He has shown a slight improvement in ranges of motion and reports decrease in pain and duration of pain." Treater states in 02/18/15 report "I am requesting authorization for continued Chiropractic care, physiotherapy and therapeutic exercises... If his progress continues, to continue treatments..." ODG does provide support for therapeutic exercises. However, treater does not explain how this is to be done. There is no explanation as to why the therapeutic exercises cannot be performed at home and why a therapist or professional intervention is needed. The patient has had adequate therapy in the past.

Therefore, the request IS NOT medically necessary.

**EMG/NCV for bilateral upper extremities: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** Based on the 02/18/15 progress report provided by treating physician, the patient presents with radiating neck pain and shoulder pain. The request is for EMG/NCV FOR BILATERAL UPPER EXTREMITIES. Patient's diagnosis per Request for Authorization form dated 02/18/15 includes cervical spine sprain/strain rule out disc bulges, and left shoulder sprain/strain rule out rotator cuff tear. Treatment to date included imaging studies, chiropractic, physical therapy, and therapeutic exercises. The patient is temporarily totally disabled, per 02/18/15 report. Treatment reports were provided from 09/29/14 - 02/28/15. For EMG/NCV, ACOEM guidelines page 262 states, "appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms

persist."

Per 02/18/15 report, treater states the patient is "awaiting an appointment for NCV/EMG studies of his upper and lower extremities, due to his ongoing radiating pain and discomfort and the abnormal MRI scans." The patient does present with neck pain that radiates to the left shoulder and arm. Physical examination to the cervical spine on 02/18/15 revealed moderate tenderness to palpation and decreased range of motion in all planes. Positive CCT, CDT, FCT and Shoulder Distraction tests. Examination to the left shoulder revealed tenderness and decreased range of motion. Positive Appley's scratch and Apprehension tests. ACOEM guidelines recommend electrodiagnostic studies to help differentiate between CTS and other other conditions such as cervical radiculopathy; and ACOEM supports electrodiagnostic studies to evaluate upper extremity symptoms. There is no indication the patient had prior EMG/NCV of the upper extremities. Given the patient's diagnosis, and physical exam findings, this request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

**EMG/NCV for bilateral lower extremities:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back Chapter, Nerve conduction studies.

**Decision rationale:** Based on the 02/18/15 progress report provided by treating physician, the patient presents with low back pain with radiating symptoms. The request is for EMG/NCV FOR BILATERAL LOWER EXTREMITIES. Patient's diagnosis per Request for Authorization form dated 02/18/15 includes lumbar spine sprain/strain rule out disc bulges. Treatment to date included imaging studies, chiropractic, physical therapy, and therapeutic exercises. The patient is temporarily totally disabled, per 02/18/15 report. Treatment reports were provided from 09/29/14 - 02/28/15. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Regarding Nerve conduction studies, ODG guidelines Low Back Chapter, under Nerve conduction studies states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "(NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back." Per 02/18/15 report, treater states the patient is "awaiting an appointment for NCV/EMG studies of his upper and lower extremities, due to his ongoing radiating pain and discomfort and the abnormal MRI scans." Physical examination to the lumbar spine revealed moderate tenderness to palpation. Range of motion was decreased, especially on extension 12 degrees. Positive Kemp's, Straight leg raise, Braggard's, Ely's, Milgrams, and Valsalva tests. Further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. There is no indication that prior EMG/NCV testing of the lower extremities has been performed. Given the patient's continued back pain with radiating symptoms, diagnosis, and physical exam findings, this request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary. Per 02/18/15 report, treater states the patient is "awaiting an appointment

for NCV/EMG studies of his upper and lower extremities, due to his ongoing radiating pain and discomfort and the abnormal MRI scans." Physical examination to the lumbar spine revealed moderate tenderness to palpation. Range of motion was decreased, especially on extension 12 degrees. Positive Kemp's, Straight leg raise, Braggard's, Ely's, Milgrams, and Valsalva tests. Further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. There is no indication that prior EMG/NCV testing of the lower extremities has been performed. Given the patient's continued back pain with radiating symptoms, diagnosis, and physical exam findings, this request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.