

<b>Case Number:</b>	CM13-0062468		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55 year old female who reported an injury of unknown mechanism on 06/03/2010. In the clinical note dated 10/29/2013, the injured worker complained of worsening pain in the neck, left upper extremity, left shoulder and left elbow. The injured worker stated that the pain flared up one week prior to 10/22/2013. She stated that the increase of symptoms was attributed to her usual and customary duties entailing typing and prolonged positioning of the neck. The injured worker stated that she was unable to relax her left upper extremity as it provoked shooting pain in the left upper extremity extending distally to the fingers. The injured worker stated that she tried over the counter pain medications that included aspercreme, hot packs and rest with no benefits. It was documented that the injured worker sought medical treatment at [REDACTED] where she underwent x-rays and was prescribed Norco 5 mg, Flexeril, and cortisone with no benefits. The injured worker also stated she consulted her primary medical doctor who reportedly instructed her to double up on Norco and was prescribed Diclofenac and Prilosec. It was noted that the injured worker remained highly symptomatic and reported to [REDACTED] on 10/25/2013 and was prescribed additional cortisone tablets of which she did not take. The physical examination of the cervical spine revealed tenderness to palpation over the cervical paraspinal musculature and the upper trapezius muscles. A positive Bakody's sign of the left upper extremity, positive axial compression test for the neck pain radiating to left upper extremity, and a positive shoulder depression test to the left upper extremity. The range of motion of the cervical spine was documented as flexion 31/50 degrees, extension 30/50 degrees, right rotation 65/80 degrees, left rotation 38/80 degrees, right lateral flexion 31/45 degrees and left lateral flexion 27/45 degrees. The physical examination of the left shoulder revealed tenderness to palpation over the subacromial region, acromioclavicular joint, supraspinatus tendon and left periscapular muscle. The range of motion of the left shoulder was documented as

flexion 160/180 degrees, extension 47/50 degrees, abduction 154/180 degrees, internal rotation 78/90 degrees and external rotation 81/90 degrees. The physical examination of the left elbow revealed tenderness over the medial and lateral epicondyles and over the extensor muscles of the proximal forearm. A positive Cozen's test and reverse Cozen's test and Tinel's test was documented. The range of motion of the elbow was within normal limits. The diagnoses included cervical spine musculoligamentous sprain/strain with left upper extremity radiculitis, with increased symptoms, left shoulder sprain/strain, impingement and tendinitis, with increased symptoms and left elbow medial and lateral epicondylitis with increased symptoms with possible cubital tunnel syndrome. The treatment plan included a request for a course of chiropractic treatment for the cervical spine, left shoulder, and left elbow at a frequency of 3 times per week for 3 weeks, Norco 10/325mg one tablet by mouth every 6 hours as needed for pain, an MRI of the cervical spine to rule out disc pathology and nerve root compression, and electrodiagnostic studies of the left upper extremity to differentiate between cervical radiculopathy versus peripheral nerve entrapment. The request for authorization was submitted on 10/29/2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI OF THE CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The ACOEM guidelines state that criteria for a MRI is not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In the clinical notes provided for review, it was documented that the injured worker had just begun experiencing a flare-up of symptoms 2 weeks prior to the clinical visit annotated. It was also documented that the injured worker had just begun conservative therapy. The clinical notes also lacked documentation of physiologic evidence of tissue or neurologic dysfunction and failure to progress in a strengthening program. The guidelines state that a MRI is not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Therefore, the request for a MRI of the cervical spine is not medically necessary.

#### **ELECTRODIAGNOSTIC STUDIES OF THE LEFT UPPER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The ACOEM guidelines state that electrodiagnostic studies are not needed until after a 4- to 6-week period of conservative care and observation. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. In the clinical notes provided for review, it was documented that the injured worker had just begun experiencing a flare-up of symptoms 2 weeks prior to the clinical visit annotated. It was also documented that the injured worker had just begun conservative therapy. The clinical notes also lacked documentation of physiologic evidence of tissue or neurologic dysfunction. The guidelines state that electrodiagnostic studies are not needed until after a 4 to 6 week period of conservative care and observation; therefore, the request for electrodiagnostic studies of the left upper extremities is not medically necessary.

### **CHIROPRACTIC TREATMENT TO THE CERVICAL SPINE, LEFT SHOULDER AND L ELBOW X9 SESSIONS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** The California MTUS guidelines state that chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. Chiropractic Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. For recurrences and flareups, treatment success needs to be reevaluated, if return to work is achieved, then 1-2 visits every 4-6 months. In the clinical notes provided for review, it was documented that the injured worker had just begun experiencing a flare-up of symptoms 2 weeks prior to the clinical visit annotated. It was also documented that the injured worker had just begun conservative therapy. The clinical notes also lacked documentation of physiologic evidence of tissue or neurologic dysfunction. The clinical notes also documented the diagnoses as left shoulder impingement and left elbow medial and lateral epicondylitis. The guidelines state that chiropractic treatment is recommended for chronic pain if caused by musculoskeletal pain. The guidelines also recommend only 4-6 treatments to produce effect, as such the request for 9 sessions is excessive. Therefore, the request for 9 sessions is not medically necessary.

**NORCO 10/325MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

**Decision rationale:** The California MTUS guidelines state that Norco is indicated for moderate to moderately severe pain. The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (max 8 tablets per day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. In the clinical notes provided for review, there was lack of documentation of the pain level of the injured worker and it was also documented that the injured worker had tried Norco with no relief. The request also lacked the quantity and frequency of Norco to be taken. Therefore, the request for Norco 10/325mg is not medically necessary.