

<b>Case Number:</b>	CM14-0143992		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/01/2009
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 1, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of manipulative therapy over the course of the claim. In Utilization Review Report dated July 29, 2014, the claims administrator denied a request for six sessions of manipulative therapy, and denied an open MRI, and partially approved a request for a pain management consultation and a general orthopedics consultation as a general orthopedics consultation alone. The claims administrator employed a variety of MTUS and Non-MTUS Guidelines, including Non-MTUS Chapter 7 ACOEM Guidelines, which are mislabeled as originating from the MTUS. The Non-MTUS ODG wrist MRI Guidelines were also invoked and likewise mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In a progress note dated January 14, 2014, the applicant presented with persistent complaints of neck pain. The applicant apparently had multilevel cervical disk herniations, including a C6-C7 disk herniation of 4.9 mm in size. An orthopedic/neurosurgical consultation was reportedly pending. On February 18, 2014, an orthopedic spine surgery consultation was again sought for the cervical spine herniation with associated upper extremity weakness. The requesting provider was a chiropractor. On June 11, 2014, the applicant's primary treating provider (PTP) chiropractor, reported multifocal shoulder, neck, knee, and low back pain complaints with derivative complaints of anxiety and psychological stress. The applicant was placed off of work, on total temporary disability. MRI imaging of multiple body parts, a psychiatry consultation, and a pain management consultation for medication management were sought. In a July 23, 2014 handwritten progress note, the applicant's PTP, a chiropractor, noted multifocal 6-7/10 knee, wrist, neck, and shoulder pain complaints. Open

MRI imaging was sought on the grounds that the applicant was severely claustrophobic. Additional manipulative therapy was also sought. The applicant was kept off of work, on total temporary disability.

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

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

**Chiro to the cervical spine x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 59-60,.

**Decision rationale:** While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in applicants who have demonstrated treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is off of work, on total temporary disability. The earlier extensive manipulative treatment does not appear to have been successful in terms of the functional improvement measures established in MTUS 9792.20f. Therefore, the request for additional chiropractic manipulative therapy is not medically necessary.

**Open air MRI for the cervical spine, right shoulder, right wrist, right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 182, 335 214, 269.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, it is not clear that the applicant is, in fact, considering or contemplating any kind of invasive procedure involving the cervical spine. It is further noted that the applicant has had earlier positive cervical MRI imaging, which did demonstrate a large 4.9-mm disk herniation at the C6-C7 level. This large disk herniation appears to be the source of the applicant's ongoing cervical radicular complaints, the applicant's PTP has posited. It is not clear why repeat cervical MRI imaging is being sought. The handwritten progress note did not furnish a compelling rationale for a new cervical MRI. Similarly, the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214 also notes that routine usage of MRI imaging or arthrography for evaluation purposes without surgical indications is "not recommended." In this case, there was no mention that the applicant is actively considering or contemplating any kind of surgical intervention involving the

right shoulder. The right shoulder MRI component of the request likewise cannot be supported. Similarly, the MTUS Guideline in ACOEM Chapter 11, Table 11-6 scores MRI imaging 0/4 in its ability to identify and define suspected ligament/tendon strains/tendonitis, as appears to be present here. The attending provider's documentation did not make it clear what was suspected and/or what was sought involving the injured wrist. The limited, handwritten information on file suggested that the applicant had nonspecific hand and wrist pain/hand tendonitis. MRI imaging is scored poorly in its ability to identify and define nonspecific hand and wrist pain, ACOEM notes. Therefore, the wrist MRI component of the request is likewise not medically necessary. Finally, the right knee MRI component of the request is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can be employed to confirm a diagnosis of meniscal tear, ACOEM qualifies its position by noting such testing is indicated only if surgery is being contemplated. In this case, as with the many other requests, there was no clear or explicit statement that the applicant was/is actively considering or contemplating surgical intervention involving the injured knee. It was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider's handwritten progress note did not furnish a clear operating diagnosis or differential diagnosis involving the injured knee. Therefore, the request is likewise not medically necessary.

**Pain management for meds, spine consult and general ortho consult:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 in the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the practitioner to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work, on total temporary disability. The applicant's primary treating provider (PTP), a chiropractor, has failed to effect any functional improvement through earlier chiropractic manipulative therapy. Obtaining the added expertise of a pain management physician for medication management purposes and/or obtaining the added expertise of an orthopedist to determine whether or not the applicant may or may not be a candidate for surgical intervention involving any of the injured body parts, including the cervical spine, is therefore indicated. Accordingly, the request is medically necessary.