

<b>Case Number:</b>	CM14-0167571		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a cumulative trauma work injury attributed to typing and performing computer work with a date of injury of 01/17/14. She was seen on 03/21/14. She was having bilateral neck pain radiating into the right shoulder and then into her arm. She was having aching, numbness, and tingling of her hand. She was also having headaches and symptoms of insomnia and depression. Physical examination findings included decreased and painful cervical spine range of motion with restricted thoracic spine range of motion. There was positive cervical compression testing and Soto-Hall testing with pain on cervical extension. Shoulder compression testing was positive. Imaging results were reviewed. A course of treatment was planned. There are multiple dynamic MRI scan results on 04/11/14 and 04/12/14. An MRI of the cervical spine included findings of C4-5 and C5-6 protrusions with right foraminal narrowing at C5-6. A right shoulder MRI showed findings of minimal subacromial and subscapularis bursitis. On 06/06/14 she was having ongoing symptoms. Treatments included cervical traction, exercises, and trigger point therapy. On 07/25/14 there again had been no improvement. Disability was continued. On 08/27/14 there had now been a slight improvement and she was no longer having headaches. Physical examination findings included decreased and painful cervical and lumbar spine range of motion with positive cervical compression, Soto-Hall, and right shoulder compression testing. The note references minor improvement to the last visit and having completed 24 chiropractic sessions. An orthopedic evaluation was recommended and she was discharged. The claimant was seen by the requesting provider on 09/11/14. She was having ongoing neck, head, shoulder, and right arm pain. Physical examination findings included bilateral shoulder weakness and pain with range of motion. She was continued at temporary total disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Functional capacity evaluation then maximum medical improvement: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 63-64

**Decision rationale:** The claimant is more than 6 months status post work-related injury and continues to be treated for chronic neck, head, shoulder, and right arm pain. Treatments have included extensive chiropractic care. A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, the claimant has been referred for additional physical therapy treatments. She is therefore not considered at maximum medical improvement and requesting a Functional Capacity Evaluation at this time is not medically necessary.

### **Chiropractic therapy 2 times 3: Upheld**

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

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

**Decision rationale:** The claimant is more than 6 months status post work-related injury and continues to be treated for chronic neck, head, shoulder, and right arm pain. Treatments have included extensive chiropractic care. Chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions with a trial of 6 visits with treatment beyond 4-6 visits with documented objective improvement in function. In this case, the claimant has already had chiropractic treatments well in excess of this number with no documentation of treatments producing improvement in function. Therefore the request is not medically necessary.

### **Work conditioning 2 times 3: 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 Work conditioning, work hardening Page(s): 125.

**Decision rationale:** The claimant is more than 6 months status post work-related injury and continues to be treated for chronic neck, head, shoulder, and right arm pain. Treatments have included extensive chiropractic care. Criteria for a Work Conditioning Program include

completion of an adequate trial of therapy with improvement followed by plateau. In this case, the claimant has not had a course of physical therapy, which is also being requested. This indicates that the referring provider considers her treatment incomplete. Therefore, the requested Work Conditioning Program is not medically necessary at this time.

**EMG/NCS bilateral upper extremities: Upheld**

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

**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), Electrodiagnostic testing (EMG/NCS) and on Other Medical Treatment Guideline or Medical Evidence: AANEM Recommended Policy for Electrodiagnostic Medicine

**Decision rationale:** The claimant is more than 6 months status post work-related injury and continues to be treated for chronic neck, head, shoulder, and right arm pain. Imaging of the cervical spine has shown findings of C4-5 and C5-6 protrusions with right foraminal narrowing at C5-6 and right shoulder MRI findings of minimal subacromial and subscapularis bursitis. When seen by the requesting provider physical examination findings included bilateral shoulder weakness and pain with range of motion. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression or history of metabolic pathology. There is no documented neurological examination that would support the need for obtaining bilateral upper extremity EMG or NCS testing at this time. Therefore, this requested is not medically necessary.

**Acupuncture 2 times 3 cervical, bilateral shoulders: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The claimant is more than 6 months status post work-related injury and continues to be treated for chronic neck, head, shoulder, and right arm pain. Treatments have included extensive chiropractic care. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, physical therapy has been requested but the claimant's has not started treatment. There is no physical rehabilitation plan in place and therefore this request was not medically necessary.

**Physical therapy 2 times 3 cervical, bilateral shoulder: Overturned**

**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 Chronic pain, Physical medicine treatment and Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than 6 months status post work-related injury and continues to be treated for chronic neck, head, shoulder, and right arm pain. Treatments have included extensive chiropractic care. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has not had physical therapy and the number of requested visits is within guideline recommendations. The request was therefore medically necessary.

**Pain management consult:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, page 127

**Decision rationale:** The claimant is more than 6 months status post work-related injury and continues to be treated for chronic neck, head, shoulder, and right arm pain. Imaging of the cervical spine has shown findings of C4-5 and C5-6 protrusions with right foraminal narrowing at C5-6 and a right shoulder MRI finding of minimal subacromial and subscapularis bursitis. When seen by the requesting provider physical examination findings included bilateral shoulder weakness and pain with range of motion. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has right lateralized findings by imaging of the cervical spine and of the right shoulder. An epidural steroid injection, subacromial injection, or other interventional treatment might be an option in her treatment. Therefore requesting a referral to pain management is medically necessary.