

<b>Case Number:</b>	CM14-0097831		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 claimant was injured on 08/19/11. A spine surgeon consult, therapy, and chiropractic treatment are under review. She has a diagnosis of cervical strain with disc disease at C5-6, status post ulnar nerve release, C7 radiculopathy by Electromyography/ Nerve Conduction Studies (EMG/NCS), shoulder impingement, and depression. She is status post right carpal tunnel release, ulnar nerve release, right lateral epicondyle and arthrotomy of the elbow on 05/07/13. She saw [REDACTED] on 05/13/14. She complained of a flareup of her right upper extremity and cervical spine complaints. She had increased numbness, weakness, and pain and intermittent redness of the elbow laterally. She had cervical spine tenderness and good range of motion. She had mildly limited flexion of the right shoulder. Grip strength was good. EMG/NCV revealed radiculopathy and a spine surgery consultation was recommended. A therapy program was also recommended. She was advised to walk for exercise. On 04/15/14, pain management, therapy, and chiropractic care were all recommended. [REDACTED] stated they were trying to avoid surgery. He referred her to pain management or therapy in order to avoid surgery. [REDACTED] stated on 03/12/14 that an EMG showed C7 chronic reinnervation of the right upper extremity. He recommended pain management for possible epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine surgeon consult:** Upheld

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

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

**Decision rationale:** The history and documentation do not objectively support the request for a spine surgeon consultation at this time. The MTUS states, "referral for surgical consultation is indicated for patients who have: -Persistent, severe, and disabling shoulder or arm symptoms - Activity limitation for more than one month or with extreme progression of symptoms -Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term -Unresolved radicular symptoms after receiving conservative treatment.The claimant's history of injury, evaluation, and treatment to date is not entirely clear. There is no evidence that she has completed or attempted and failed all other reasonable conservative care or that she has been involved in an ongoing program of independent self-directed exercise and has failed to improve, There are no focal neurologic deficits on PE that indicate that surgery is likely to be needed. It is not clear what kind of surgery is being contemplated as a possibility. The medical necessity of this request for a spine surgeon consultation has not been clearly demonstrated.

**Therapy (unspecified):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 130.

**Decision rationale:** The history and documentation support the request for a course of PT. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." In this case, the claimant has not been described as being involved in an ongoing exercise program and there is no evidence that she is unlikely to respond to an exercise program or is unable to do one. A modification of this request to 2 sessions of PT for HEP instruction or reinstruction can be recommended as reasonable and appropriate under these circumstances of chronic pain with no ongoing exercise program.

**Chiropractic treatment (unspecified):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 92.

**Decision rationale:** The history and documentation do not objectively support the request for chiropractic treatment for an unknown course of care for this claimant's chronic pain condition. The MTUS state "manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual 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." The MTUS do not address manipulation of the cervical spine or shoulder but the ODG recommend a trial of manipulation in some cases of chronic pain. However, in this case, since manipulative therapy should be done in conjunction with active exercises, to help maintain any benefit that is received, prior to instruction in HEP, the medical necessity of chiropractic care cannot be supported as medically necessary or appropriate.