

<b>Case Number:</b>	CM14-0214513		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/29/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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 is a 30 year old male, who sustained back and bilateral shoulder injury on 12/29/13. He has reported persistent pain in lower back and bilateral shoulder pain. The diagnoses have included thoracic strain/sprain, lumbosacral strain/ sprain and bilateral shoulder sprain/strain. Treatment to date has included medications, diagnostics, physical therapy, acupuncture and chiropractic. Currently, the IW complains of intermittent moderate, dull, sharp upper mid back, low back and bilateral shoulders pain and stiffness especially with movement. There is tenderness with palpation bilateral trapezii and thoracic paravertebral muscles, lumbar muscles and muscle spasm. The cross arm test causes pain. The x-rays were negative of the bilateral shoulders and thoracic spine. The physician requested the following treatments. On 12/10/14 Utilization Review non-certified a request for MRI of thoracic spine, Chiropractic therapy 1 x 6 for the thoracic and lumbar spine, MRI of bilateral shoulders, ESWT 2 x 6 for the lumbar spine, Magnetic Resonance Imaging (MRI) of lumbar spine, and Toxicology testing 1 x 6, noting that there is no evidence of neurological deficits pertaining to the thoracic spine and based on the guidelines, diagnostic imaging in the absence of specific neurological deficits is not useful. Regarding Chiropractic therapy 1 x 6 for the thoracic and lumbar spine, there was no documentation of how many chiropractic treatments have been completed previously and the extent of improvement, if any, with such treatment is unclear. Regarding the MRI of bilateral shoulders, the guidelines do not recommend shoulder imaging in the absence of red flag criteria. Regarding ESWT 2 x 6 for the lumbar spine, the use of shock wave therapy for low back pain is not supported in the guidelines. Regarding Magnetic Resonance Imaging (MRI) of lumbar spine,

there is no evidence of neurological deficits on exam and based on the guidelines, diagnostic imaging in the absence of specific neurological deficits is not useful. Regarding Toxicology testing 1 x 6, there is no documentation that he is on opiate therapy or using other controlled substances, the medical necessity for urine toxicology is unclear. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) guidelines were cited.

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

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

**MRI of thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, pages 303-304.

**Decision rationale:** ACOEM Treatment Guidelines for the Upper/Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include 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 and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for this MRI nor document any failed conservative trial with medications and therapy. The patient has chronic symptom complaints with diffuse non-correlating neurological findings without specific deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of thoracic spine is not medically necessary and appropriate.

**Chiropractic therapy 1 x 6 for the thoracic and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

**Decision rationale:** MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved work/functional status from treatment already rendered

by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The Chiropractic therapy 1 x 6 for the thoracic and lumbar spine is not medically necessary and appropriate.

**MRI of bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

**Decision rationale:** The exam is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Guidelines state routine MRI or arthrography is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning; however, this has not been demonstrated with negative impingement sign and lack of neurological deficits. Criteria for ordering imaging studies such include 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 and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of bilateral shoulders is not medically necessary and appropriate.

**ESWT 2 x 6 for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Shock Wave Therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Extracorporeal shockwave therapy (ESWT), pages 112-113

**Decision rationale:** Report from the provider does not specify frequency or duration of ESWT or specific indication. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for

this treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic nonunions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amenable to ECSW treatment for the listed diagnoses involving the low back. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. The ESWT 2 x 6 for the lumbar spine is not medically necessary and appropriate.

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chapter 12, pages 303-304.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies, include 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 and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient is without specific dermatomal or myotomal neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of lumbar spine is not medically necessary and appropriate.

**Toxicology testing 1 x 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

**Decision rationale:** MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient. Presented medical reports from provider have unchanged chronic severe pain symptoms with unchanged clinical findings. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed

scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Toxicology testing 1 x 6 is not medically necessary and appropriate.