

<b>Case Number:</b>	CM15-0108459		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	07/16/2014
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, Pain Management

### 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 was a 37-year-old male, who sustained an industrial injury, July 16, 2014. The injured worker previously received the following treatments chiropractic services for the cervical spine, Buspar, Xanax, Naproxen, Flexeril, Temazepam, Prilosec, Colace, Bentyl and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities which was negative. The injured worker was diagnosed with depressive disorder, abdominal pain, acid reflux, constipation, cervical spine strain, and lumbar spine strain, repetitive strain injury to bilateral upper extremities, cervical disc disease with radiculopathy and lumbar disc disease. According to progress note of April 22, 2015, the injured worker's chief complaint was low back pain with some improvement. The ongoing neck pain had associated symptoms of radiation of pain and numbness into both hands. The injured worker felt the neck pain was getting worse. The physical exam noted tenderness of the cervical spine in the paravertebral muscles. There was decreased range of motion. The compression testing and Spurling's testing were positive. The lumbar spine had tenderness in the paraspinal muscles. There was decreased range of motion flexion was 45 degrees, extension of 15 degrees, right and left later bend was 15 degrees. The examination of the bilateral elbows, there was tenderness in the epicondylar region bilaterally. The Tinel's sign was positive. The treatment plan included chiropractic services for the cervical spine, lumbar spine and thoracic spine and Ultrasound treatments ultrasound to the bilateral elbow with diagnostic ultrasound. A progress report dated April 22, 2015 recommends diagnostic ultrasound of bilateral elbows to evaluate Ulnar nerves.

Electro diagnostic studies are also requested. It does appear that there are subjective complaints and objective findings related to the elbows, but they are largely illegible.

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

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

**Chiropractic therapy 2 times a week for 4 weeks, cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 of 127.

**Decision rationale:** Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is documentation of completion of prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.

**Bilateral elbow DX ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), elbow chapter, ultrasound, diagnostic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Ultrasound.

**Decision rationale:** Regarding the request for bilateral elbow diagnostic ultrasound, CA MTUS does not address the issue. ODG cites that it is supported as an alternative to MRI if expertise is available for chronic elbow pain when plain films are non-diagnostic and there is suspicion of nerve entrapment, mass, or biceps tendon tear and/or bursitis. Within the documentation available for review, none of the aforementioned criteria has been met. In light of the above issues, the currently requested bilateral elbow diagnostic ultrasound is not medically necessary.