

<b>Case Number:</b>	CM15-0121188		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	01/17/2015
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old male sustained an industrial injury to the neck, low back and right shoulder on 1/17/15. X-rays showed no acute abnormalities. Previous treatment included physical therapy and medications. In an orthopedic reevaluation dated 4/15/15, the injured worker complained of intermittent moderate low back and right shoulder pain. Physical exam was remarkable for cervical spine with tenderness to palpation about the trapezius musculature with restricted range of motion, muscle spasms and positive cervical distraction test, right shoulder with tenderness to palpation about the trapezius musculature, with restricted range of motion, supraspinatus weakness and positive impingement sign and lumbar spine with tenderness to palpation about the lumbar spine paraspinal musculature with spasms, positive Fabere's tests and positive Sciatic Tenderness. Current diagnoses included cervical spine sprain/strain, right shoulder rotator cuff tendinitis/bursitis and lumbar spine sprain/strain with radicular complaints. The treatment plan included chiropractic therapy twice a week for four weeks and magnetic resonance imaging of the lumbar spine and magnetic resonance imaging arthrogram right shoulder to better assess the root of the injured worker's complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Lumbar Spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine Page 303, Low Back Complaints.

**Decision rationale:** Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The request was not medically necessary under the MTUS and other evidence-based criteria.

**8 Chiropractic Treatments for the Right Shoulder 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The MTUS notes that chiropractic therapy is recommended for chronic pain if caused by musculoskeletal conditions. It is also referred to as Manual Therapy, which the guides note 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. a. Time to produce effect: 4 to 6 treatments. The amount requested here for the right shoulder however exceeds the recommended amounts; the request was not medically necessary when contrasted against the MTUS guides.

**8 Additional Chiropractic Treatments for the Lumbar Spine, 2 times a week for 4 weeks: Upheld**

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

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

**Decision rationale:** As shared previously, the MTUS notes that chiropractic therapy 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. a. Time to produce effect: 4 to 6 treatments. Again, as shared in an accompanying review for the shoulder, the amount requested here for the back however exceeds recommended amounts; the request was not medically necessary.

**MR Arthrogram of the Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, MRI and MR Arthrogram.

**Decision rationale:** The MTUS was silent on shoulder MRI arthrograms, which is a more sensitive form of MRI, using a contrast injection to aid sensitivity. Regarding shoulder MRI in general, the ODG notes it is indicated for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. MR Arthrogram is used when more subtle tears may be present. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. Further, it is not clear why the heightened sensitivity that an MR arthrogram would provide is necessary. The request is not medically necessary.

**8 Additional Chiropractic treatments for the Cervical Spine 2 times a week for 4 weeks:** Upheld

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

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

**Decision rationale:** As shared previously, the MTUS notes that chiropractic therapy 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. a. Time to produce effect: 4 to 6 treatments. Again, the amount requested here for the neck however exceeds recommended amounts; the request was not medically necessary.