

<b>Case Number:</b>	CM15-0167870		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/15/2015
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Arizona, Michigan  
 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 is a 64 year old male with a date of injury of May 15, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain and strain rule out herniated nucleus pulposus, rule out cervical spine radiculopathy, left shoulder sprain and strain rule out derangement, left elbow sprain and strain rule out derangement, left wrist sprain and strain rule out derangement, lower back pain, lumbar spine sprain and strain rule out herniated nucleus pulposus, and rule out radiculitis of the lower extremity. Medical records dated May 21, 2015 indicate that the injured worker complains of left shoulder pain and discomfort, and some tingling in the left hand. A progress note dated July 9, 2015 notes subjective complaints of neck pain and muscle spasms rated at a level of 7 out of 10 and associated with numbness and tingling of the bilateral upper extremities, left shoulder pain radiating down the arm to the fingers rated at a level of 7 out of 10, left elbow pain and muscle spasms rated at a level of 7 out of 10, left wrist pain and muscle spasms rated at a level of 7 out of 10 and lower back pain and muscle spasms rated at a level of 7 out of 10 with associated numbness and tingling of the bilateral lower extremities. Records also indicate the injured worker had difficulties with activities of daily living, sitting, standing, walking, bending, arising from a seated position, ascending and descending stairs, and stooping. Per the treating physician (July 9, 2015), the employee was temporarily totally disabled. The physical exam dated May 21, 2015 reveals tenderness of the left shoulder, normal range of motion of the left shoulder, and normal grip strength. The progress note dated July 9, 2015 documented a physical examination that showed tenderness to palpation at the occiputs, trapezius, sternocleidomastoid and levator

scapula muscles, decreased range of motion of the cervical spine, positive cervical distraction and cervical compression tests bilaterally, tenderness to palpation of the rhomboid muscles on the left, decreased range of motion of the left shoulder, positive Neer's and Kennedy Hawkins signs on the left, tenderness to palpation at the left medial and lateral epicondyles, tenderness to palpation at the extensor and flexor muscle compartments, decreased range of motion of the left elbow, positive Cozen's sign on the left, tenderness to palpation over the carpal bones and along the distribution of the median nerve on the left, tenderness to palpation over the left thenar eminence, decreased range of motion of the left wrist, positive Tinel's and Phalen's signs on the left, slightly diminished sensation to pinprick and light touch over the C5-8 and T1 dermatomes in the left upper extremity, decreased motor strength in all the represented muscle groups on the left upper extremity, pain with palpation over the lumbar spine, tenderness to palpation at the left quadratus lumborum, left trochanter bursa, and lumbosacral junction, tenderness to palpation of both sciatic notches, decreased range of motion of the lumbar spine, positive Flip test bilaterally, slightly decreased sensation to pinprick and light touch at the L4, L5, and S1 dermatomes bilaterally, and decreased motor strength in all the represented muscle groups in the lower extremities. Treatment has included an unknown number of physical therapy sessions and medications (Ibuprofen since at least May of 2015). The original utilization review (August 18, 2015) non-certified a request for transcutaneous electrical nerve stimulator unit with supplies; Deprizine, unknown; Dicopanol, unknown; Fanatrex, unknown; Synapryn, unknown; Tabradol, unknown; Ketoprofen cream, unknown; HMPC2 Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% 240g; HNPC1 Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% 240g; Urine drug screen; X-ray of the cervical spine, left shoulder, left elbow, left wrist, and lumbar spine; LSO brace; Hot-cold unit; Medium cock-up brace for the left wrist; eighteen sessions of Chiropractic therapy for the cervical spine, left shoulder, left elbow, left wrist, and lumbar spine; Shockwave therapy for the left shoulder, left elbow, left wrist x 3, and the cervical and lumbar spine x 6; Functional capacity evaluation; magnetic resonance imaging of the cervical spine; magnetic resonance imaging of the left shoulder; magnetic resonance imaging of the left elbow; magnetic resonance imaging of the left wrist; magnetic resonance imaging of the lumbar spine; and electromyogram-nerve conduction velocity of the bilateral upper and lower extremities., and partially certified a request for six session of acupuncture for the cervical spine, left shoulder, left elbow, left wrist, and lumbar spine (original request for eighteen sessions).

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

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

**TENS unit with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Per the MTUS, transcutaneous electrotherapy is 'not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a

noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The MTUS criteria for the use of TENS: Chronic intractable pain, documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical records did not reveal a one month trial with the appropriate documentation as recommended by the MTUS and without this information medical necessity is not established.

**Deprizine, unknown:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

**Decision rationale:** Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per the ODG, PPIs are recommended for patients at risk for gastrointestinal events. Prilosec (Omeprazole), Prevacid (Lansoprazole) and Nexium (Esomeprazole Magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. In this RCT omeprazole provided a statistically significantly greater acid control than Lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), Lansoprazole (Prevacid), omeprazole (Prilosec), Pantoprazole (Protonix), Dexlansoprazole (Dexilant), and Rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or Lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011) A review of the injured workers medical records that are

available to me do not justify the use of Deprizine over the use of other first line recommended agents, there is no indication that the injured worker has difficulty swallowing, nor is there any indication that the injured worker is at increased risk for a gastrointestinal event, therefore Deprizine is not medically necessary

**Dicopanol, unknown:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) / Insomnia, Insomnia treatment.

**Decision rationale:** The MTUS did not specifically address the treatment of insomnia in chronic pain therefore other guidelines were consulted. Per the ODG, correcting sleep deficits is recommended as non-restorative sleep is one of the strongest predictors of pain. Sedating antihistamines have been suggested for sleep aids, for example diphenhydramine, tolerance develops within a few days and next day sedation, impaired psychomotor and cognitive function have been noted. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. Dicopanol is diphenhydramine and a review of the injured workers medical records did not reveal any difficulty swallowing or tolerating non liquid oral medications, there is also no strength, dosing or quantity associated with the request, without this information the request for Dicopanol is not medically necessary.

**Fanatrex, unknown:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Per the MTUS, antiepilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. Fanatrex contains gabapentin. The choice of specific agents will depend on the balance between effectiveness and adverse reactions. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. However a review of the injured workers medical records do not

reveal difficulty swallowing or tolerating non liquid oral medications, there is also no indication that the injured worker has tried and failed other first line recommended treatments, without this information medical necessity is not established.

**Synapryn, unknown:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

**Decision rationale:** The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. Synapryn contains tramadol. A review of the injured workers medical records do not show that he has difficulty swallowing or is unable to tolerate other first line recommended non liquid oral medications, the request is also not associated with a strength, dosing and quantity, without this information Synapryn is not medically necessary.

**Tabradol, unknown:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. It is not recommended for use for longer than 2-3 weeks. Tabradol contains cyclobenzaprine, however a review of the injured workers medical records do not show that he has difficulty swallowing or is unable to tolerate other recommended non liquid oral medications and without this information Tabradol oral suspension is not medically necessary.

**EMG/NCV of the bilateral upper and lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004 and Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Official Disability Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic)/Electrodiagnostic Studies, (EMG) Electromyography, Nerve Conduction Studies (NCS).

**Decision rationale:** Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records reveal that radiculopathy is already clinically obvious, therefore based on the injured workers clinical presentation and the guidelines the request for EMG/NCV bilateral upper and lower extremities is not medically necessary.

**Ketoprofen cream, unknown:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Chronic Pain Citation (Section): Topical Analgesics. Page Numbers: 111-113. Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application, it has an extremely high incidence of photocontact dermatitis. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and there are no extenuating circumstances to warrant the use of a topical product that is not FDA approved and not recommended by the MTUS, therefore the request for Ketoprofen cream is not medically necessary.

**HMPC2 Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% 240g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, the use of this combination of medications is also not supported by the guidelines therefore the request for HMPC2 Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% 240g is not medically necessary.

**HNPC1 Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% 240g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, the use of this combination of medications is also not supported by the guidelines therefore the request for HNPC1 Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% 240g is not medically necessary.

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Urine Drug testing.

**Decision rationale:** Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/ addiction. Per the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. A review of the injured workers medical records did not reveal

documentation of risk stratification and without this information medical necessity for Urine Drug Screen is not established.

**X-ray of the cervical spine, left shoulder, left elbow, left wrist, and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the MTUS/ACOEM, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure. A review of the injured workers medical records that are available to me do not reveal any red flags, surgical considerations or any of the above referenced criteria for imaging as recommended by the guidelines and therefore the request for X-Rays of The Cervical Spine is not medically necessary. This request is also for multiple different parts of the anatomy which all have different guideline recommendations and it is not possible to evaluate them all in one request, therefore the request for X-ray of the cervical spine, left shoulder, left elbow, left wrist, and lumbar spine is not medically necessary.

**LSO brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Per ACOEM in the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, A review of the injured workers medical records show that he has had symptoms since may 2015 and he is no longer in the acute phase, therefore based on the injured workers current clinical presentation and the guidelines the request for LSO brace is not medically necessary.

**Hot/cold unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Per ACOEM in the MTUS, physical therapeutic interventions recommended include at-home local applications of cold in first few days of acute complaint, thereafter applications of heat or cold. This does not require the use of any special equipment other than what is readily available over the counter and therefore the request for hot and cold unit is not medically necessary.

**Medium cock-up brace for the left wrist:** 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 Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**Decision rationale:** Per the MTUS/ACOEM Splinting is recommended as first-line conservative treatment for CTS, DeQuervains, strains, however it is not recommended long term as this may lead to stiffness and weakness. It does not appear that the injured worker meets the criteria for splinting at this time, as there is no clear indication for its use, therefore the request for Medium cock-up brace for the left wrist is not medically necessary.

**Acupuncture x 18 for the cervical spine, left shoulder, left elbow, left wrist, and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Acupuncture.

**Decision rationale:** The MTUS, recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication -induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments. 1-3 times a week for 1-2 months. Per the ODG acupuncture is not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. This passive intervention should be an adjunct to active rehab efforts. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) Based on the guidelines the request for acupuncture x 18 to the cervical spine exceeds the guideline recommendations of an initial trial of 3-4 visits and is not medically necessary. This request is also for multiple different parts of the anatomy which all have different guideline recommendations and it is not possible to evaluate them all in one request, therefore the request

for Acupuncture x 18 for the cervical spine, left shoulder, left elbow, left wrist, and lumbar spine is not medically necessary.

**Chiropractic therapy x 18 for the cervical spine, left shoulder, left elbow, left wrist, and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004 Guidelines, Shoulder Complaints 2004 Guidelines, Elbow Complaints 2007 Guidelines, Low Back Complaints 2004 Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009 Guidelines, Section(s): Manual Therapy.

**Decision rationale:** Per the MTUS chiropractic care 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. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care not medically necessary. Recurrences/flare-ups need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Based on the guidelines the request for chiropractic therapy x 18 to the cervical spine exceeds the guideline recommendations of an initial trial of 6 visits and is not medically necessary. This request is also for multiple different parts of the anatomy which all have different guideline recommendations and it is not possible to evaluate them all in one request, therefore the request for Chiropractic therapy x 18 for the cervical spine, left shoulder, left elbow, left wrist, and lumbar spine is not medically necessary.

**Shockwave therapy for the left shoulder, left elbow, left wrist x 3, and the cervical and lumbar spine x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004 Guidelines, Elbow Complaints 2007 Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009 Guidelines, Section(s): Medications for chronic pain. Decision based on Non-MTUS Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) / Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The MTUS/ACOEM did not sufficiently address the use of shockwave treatments for the cervical and lumbar spine therefore other guidelines were consulted. Per the ODG, ECSWT is not recommended for back pain. The available evidence does not support the effectiveness of shock wave for treating back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. A review of the

injured workers medical records that are available to me do not reveal extenuating circumstances that would warrant deviating from the guidelines therefore the request for 6 Shockwave treatments for cervical and lumbar spine is not medically necessary. The MTUS recommends initiating treatment one at a time and documenting improvement in pain and function, too many treatment and physical modalities are being initiated at the same time and there will be no way to evaluate which one is effective. This request is also for multiple different parts of the anatomy which all have different guideline recommendations and it is not possible to evaluate them all in one request, therefore the request for Shockwave therapy for the left shoulder, left elbow, left wrist x 3, and the cervical and lumbar spine x 6 is not medically necessary.

**Functional capacity evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention. Decision based on Non-MTUS Official Disability Guidelines (ODG), Fitness for Duty/Functional capacity evaluation (FCE).

**Decision rationale:** The MTUS states that to determine fitness for duty, it is often necessary to "medically" gauge the capacity of the individual compared with the objective physical requirements of the job based on the safety and performance needs of the employer and expressed as essential functions. Per the ODG, Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. A review of the injured workers medical records that are available to me do not describe a purpose or goal for the evaluation and without this it is difficult to establish medical necessity based on the guidelines. Therefore the request for functional capacity evaluation is not medically necessary at this time.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004 Guidelines, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004 Guidelines, Section(s): Special Studies.

**Decision rationale:** Per the MTUS/ACOEM, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure. A review of the injured workers medical records that are available to me do not reveal any red flags, surgical considerations or any of the above referenced criteria for imaging as recommended by the guidelines and therefore the request for MRI of The Cervical Spine is not medically necessary.

**MRI of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004 Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004 Guidelines, Section(s): Special Studies.

**Decision rationale:** Per the MTUS/ACOEM For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. There are a few exceptions: Stress films of the AC joints (views of both shoulders, with and without patient holding 15-lb weights) may be indicated if the clinical diagnosis is AC joint separation. Care should be taken when selecting this test because the disorder is usually clinically obvious, and the test is painful and expensive relative to its yield. If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated. Persistent shoulder pain, associated with neurovascular compression symptoms (particularly with abduction and external rotation), may indicate the need for an AP cervical spine radiograph to identify a cervical rib. 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. Imaging findings can be correlated with physical findings. Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g.,) cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). A review of the injured workers medical records that are available to me do not reveal any red flags, surgical considerations or any of the above referenced criteria for imaging as recommended by the guidelines and therefore the request for MRI of the left shoulder is not medically necessary.

**MRI of the left elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007 Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007 Guidelines, Section(s): Diagnostic Criteria.

**Decision rationale:** Per the MTUS "For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases: When surgery is being considered for a specific anatomic defect." To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. A review of the injured workers medical records that are available to me do not reveal any red flags, surgical considerations or any of the above referenced criteria for imaging as recommended by the guidelines and therefore the request for MRI of the left elbow is not medically necessary.

**MRI of the left wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004 Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004 Guidelines, Section(s): Special Studies.

**Decision rationale:** Per the MTUS/ACOEM For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. A review of the injured workers medical records that are available to me do not reveal any red flags, surgical considerations or any of the criteria for imaging as recommended by the guidelines and therefore the request for MRI of the left wrist is not medically necessary.

**MRI of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004 Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004 Guidelines, Section(s): Special Studies.

**Decision rationale:** The MTUS states that lumbar spine imaging should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the

source of low back and related symptoms carries a significant risk of diagnostic confusion and should be reserved for cases in which surgery is considered or red-flag diagnoses are being considered. A review of the injured workers medical records that are available to me show that there has been no emergence of any red-flags that would warrant imaging, there was also no documentation of surgical considerations and therefore based on the injured workers clinical presentation and the guidelines the request for MRI Lumbar Spine is not medically necessary at this time.