MAXIMUS Federal Services

Case Number:	CM13-0015957		
Date Assigned:	10/10/2013	Date of Injury:	04/18/2005
Decision Date:	02/20/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a 53 year old female who reported an injury on 04/18/2005. The mechanism of injury was a slip and fall. Her symptoms include pain in the cervical spine, lumbar spine, and left shoulder. Physical exam findings included decreased range of motion in the left shoulder, lumbar spine, and cervical spine. Her diagnoses are listed as status post cervical spine fusion, lumbar spine sprain, bilateral carpal tunnel syndrome, lumbar spine radiculopathy, bilateral upper and lower extremity paresthesias, and left shoulder acromioclavicular cartilage disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 with 1 refill: 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), Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list adverse effects Page(s): 72.

Decision rationale: According to the California MTUS Guidelines, ibuprofen is recommended for the treatment of mild to moderate pain at 400 mg every 4 to 6 hours as needed. It further

specifies that doses greater than 400 mg have not provided greater relief of pain. Higher doses are usually necessary for the treatment of osteoarthritis; however, the patient does not have a diagnosis of osteoarthritis. Therefore, the request for ibuprofen 800 mg exceeds the Guideline recommendations of 400 mg every 4 to 6 hours. Therefore, the request for 1 Prescription of Ibuprofen 800mg #90 with 1 refill is not supported.

12 Acupunture sessions for the Cervical Spine, Lumbar Spine and Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Acupuncture Guidelines state that this treatment is used as an option when pain medication is not tolerated or is being reduced. It should be sued as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It specifies that acupuncture treatments are recommended at 1 to 3 times per week for 1 to 2 months; however, the time to produce functional improvement from acupuncture is 3 to 6 treatments. Therefore, the patient needs to complete an initial trial of no more than 6 treatments prior to extending acupuncture treatments if there is documentation of functional improvement. Therefore, the request for 12 acupuncture sessions exceeds the Guideline's recommendation of an initial trial of no more than 6. As such, the request for 12 Acupuncture sessions for the cervical spine, lumbar spine, and left shoulder is non-certified.

Subacromial Steroid Injection to the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: According to ACOEM Guidelines, a subacromial injection of local anesthetic and a corticosteroid may be indicated for patients with shoulder complaints after 2 to 3 weeks of conservative therapy including strengthening exercises and NSAID medications. The patient was noted to have been taking an NSAID medication; however, her office notes do not indicate whether she is currently participating in a physical therapy program or home exercises in order to promote functional improvement. As such, the request for 1 subacromial steroid injection to the left shoulder is non-certified.

1 MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale:

1 MRI of the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: According to the ACOEM Guidelines, imaging studies are not necessary for patients with neck or upper back problems until after a 3 to 4 week period of conservative care and observation. The criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The clinical information submitted for review fails to indicate whether the patient has any red flags, she was not noted to have any neurological deficits, and it is not know whether the patient has had any recent physical therapy or a home exercise program involving strengthening. With the absence of this documentation, the request for 1 MRI of the left shoulder is not supported.