

<b>Case Number:</b>	CM13-0018685		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Orthopedic Surgery, is Fellowship trained in Spine Surgery, and is licensed to practice in California. 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 56-year-old male who reported an injury on 03/21/2012. He is currently diagnosed with severe comminuted fracture of the left foot, status post left ankle arthroscopy, arthrosis of the left ankle secondary to joint fracture, left shoulder pain, and lumbar spine pain. The patient was recently seen by the requesting physician on 07/30/2013. The patient complained of lower back pain with radiation to bilateral lower extremities as well as severe shoulder pain. Physical examination revealed positive straight leg raising bilaterally, weakness, tenderness to palpation of the left shoulder with diminished range of motion, and 1+ deep tendon reflexes in bilateral ankles. Treatment recommendations included an MRI of the lumbar spine, a spine consultation, a brief course of physical therapy, and continuation of current medications.

### 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:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging (MRI).

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state that, if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including an MRI for neural or other soft tissue abnormality. Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma, uncomplicated low back pain with exceptional factors, and myelopathy. As per the clinical notes submitted, the patient is noted to have complaints of low back pain with radiation to bilateral lower extremities. Physical examination revealed a positive straight leg raise, weakness, decreased range of motion, and tenderness to palpation. However, there is no evidence of a failure to respond to non-operative conservative treatment, including physical therapy and medication. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**A consultation for the spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Practice Guidelines, Second Edition (2004), Independent Medical Examinations and Consultations, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office Visits.

**Decision rationale:** California MTUS Guidelines state that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry or with treating a particular cause of delayed recovery, or if the practitioner has difficulty obtaining information or an agreement to a treatment plan. As per the clinical notes submitted, the patient is noted to have complaints of low back pain with radiation to bilateral lower extremities. Physical examination indicates positive straight leg raising, weakness, decreased range of motion, and tenderness to palpation. However, there is no indication that this patient has failed to respond to conservative treatment, such as physical therapy and medications, prior to the request for a spine consultation. Based on the clinical information received, the request is non-certified.

**Physical Therapy, 2 sessions x 4 weeks, for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

**Decision rationale:** California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity can be beneficial for restoring flexibility, strength, endurance, and range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. As per the

clinical notes submitted, the patient's physical examination revealed tenderness to palpation with slightly diminished range of motion. The patient's injury was over 1 year ago to date. It is unknown whether the patient has previously participated in physical therapy for the left shoulder. There is no documentation of a significant musculoskeletal or neurological deficit that would require skilled physical medicine treatment. Based on the clinical information received, the request is non-certified.

**Vicodin 5/500mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient had continuously utilized this medication. Despite the ongoing use, the patient continued to report high levels of pain to the lumbar spine and left shoulder. There was no significant change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment was not documented. As such, the treatment is not indicated, and the request is non-certified.

**Prilosec 20mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state a proton pump inhibitor is recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical notes submitted, there is no evidence of cardiovascular disease or a significantly increased risk for GI upset. Therefore, the patient does not currently meet criteria for the use of a proton pump inhibitor. As such, the request is non-certified.