

Case Number:	CM13-0020595		
Date Assigned:	10/11/2013	Date of Injury:	03/18/2013
Decision Date:	02/14/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, low back, and mid back pain reportedly associated with an industrial injury of March 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and chiropractic manipulative therapy; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 27, 2013, the claims administrator denied a request for an MRI scan of the neck, denied a request for an MRI of the right shoulder, denied a request for 12 sessions of physical therapy, approved a urine-drug screen, and conditionally denied a request for an unknown prescription of unspecified pain medications. The applicant's attorney subsequently appealed. An earlier clinical progress note of July 15, 2013 is notable for comments that the applicant attributes his symptoms to a 12 to 13 feet fall. He has apparently had four weeks of physical therapy, but did not find it to be helpful. Electrical stimulation and hot packs were also not helpful. The applicant has had five sessions of acupuncture. The applicant now reports neck, shoulder, and low back pain. His pain ranges from 6 to 8/10. He also reports numbness and tingling about the feet. He has difficulty lifting his arm up. He states that his arm is popping. He has difficulty showering and dressing himself. He denies any neck pain radiating to the either upper extremity, it is stated. There is tenderness about the multiple cervical paraspinal muscles on exam with limited cervical range of motion. A 5/5 bilateral upper extremity strength is appreciated, however. The applicant does reportedly have positive signs of internal impingement about the shoulder with flexion and abduction in the 160-degree range. There is some diminut

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan of the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-182..

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, MRI and/or CT scanning can be endorsed to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, there is no clearly voiced suspicion of neurologic compromise about the cervical spine. The applicant is described as specifically denying any radiating complaints of neck pain or any issues with paresthesias about the upper extremities, which would call into question a suspicion of cervical radiculopathy for which MRI imaging would be indicated. Therefore, the request remains non-certified, on Independent Medical Review.

MRI scan of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9..

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in chapter 9, one of the primary criteria for ordering imaging studies is evidence of failure to progress in a strengthening program intended to avoid surgery. Imaging is endorsed for those applicants with activity limitations owing to persisting symptoms which have persisted for greater than one month, ACOEM further notes. In this case, the applicant remains off of work, on total temporary disability, several months removed from the date of injury. He has, indeed, failed to return to work. He does have signs and symptoms of internal shoulder impingement versus a possible rotator cuff tear. MRI imaging to further delineate the same is indicated. Therefore, the request is certified.

request for twelve (12) sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Section Page(s): 8..

Decision rationale: As noted on Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, there must be some demonstration of functional improvement at various milestones in the treatment programs so as to justify continued treatment. As noted by the attending provider, the applicant has had three to four prior weeks of physical therapy treatment. He has failed to demonstrate any functional improvement following completion of the same. He has failed to return to work. The fact that the numerous diagnostic and therapeutic modalities are being sought, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f with prior PT treatment. Continuing physical therapy in this context cannot be endorsed. Therefore, the request is not certified.

request for twelve (12) physical therapy sessions for the lumbar, cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 99..

Decision rationale: This treatment would, alone, represent treatment in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. The applicant has, furthermore, already had prior physical therapy at various points during the life of the claim. Per his own self report, he did not respond favorably to the same. As noted on the Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there is no such demonstration of functional improvement despite the applicant having completed prior unspecified amounts physical therapy. The applicant apparently completed three to four weeks of treatments at one point in time. The applicant, however, still has multifocal pain complaints and still remains off of work, on total temporary disability. Several diagnostic and treatment modalities are being sought at this point. All of the above, taken together, imply that the previously physical therapy was unsuccessful. Therefore, the request for additional physical therapy is not certified.