

Case Number:	CM13-0039406		
Date Assigned:	12/18/2013	Date of Injury:	09/05/2012
Decision Date:	03/18/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/28/2013

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 Internal 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 beneficiary presents for a date of injury of 9/5/12 at work with right shoulder, high and low back pain. He has pain since that date involving these areas. He has had an exam which shows decreased ROM in shoulder with impingement syndrome. He also has spasm of trapezius muscles and strain in low back with positive bilateral straight leg raising test. No motor loss is noted. He has had MRI of shoulder, thoracic spine and lumbar spine. He has tried NSAID, tramadol, Zanaflex in past. MRI of shoulder shows supraspinatus tendon tear. No lumbar or thoracic area disc herniation or spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back and thoracic and lumbar area.

Decision rationale: The beneficiary has had an MRI of the lumbar spine and it has shown no spinal stenosis, herniated disc in the past. There are no new history or examination findings to

warrant a repeat MRI. There is no new weakness, worsening radiculopathy, no signs of infection or change in pain pattern. See above guidelines on indications for MRI. The MRI is medically unnecessary. .

One MRI of the thoracic spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back thoracic and lumbar spine.

Decision rationale: The beneficiary has no new findings by history or examination to warrant a repeat MRI of the lumbar spine. The beneficiary has had one MRI in 2012 which showed no findings and a repeat MRI without any clear new findings is not medically necessary. There are no signs of increased pain, herniation or infection.

Eight acupuncture sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture can be used for the control of chronic pain as outlined below. It can help in conjunction with physical therapy. This beneficiary has chronic pain and acupuncture to those areas may be of benefit. He has had trial of various medication and therapy to date and this may be used as an adjunct per above guidelines

Zanaflex 4mg (qty 30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: The beneficiary has used muscle relaxant in past with minimal effect. The use of chronic muscle relaxant is not indicated and has potential for significant side effect and dependency. The guidelines do not recommend chronic use and this medication is not medically necessary for this beneficiary.

Tramadol 50mg (qty 60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The beneficiary has tried tramadol in the past with minimal benefit. There is no indication for the longer term use of this medication. This medication has potential for significant side effects and dependency. In this case there is no medical indication. Tramadol can be used short term, but not in management of chronic pain.

Naproxen 550mg (qty 60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: The beneficiary has used NSAID in past with partial relief of symptoms. The beneficiary has chronic pain and the use of NSAID for this purpose is not medically necessary. There are significant gastrointestinal and renal side effects with chronic NSAID use and is not medically indicated for control of chronic pain.