MAXIMUS Federal Services

Case Number:	CM13-0047376		
Date Assigned:	12/27/2013	Date of Injury:	06/20/2005
Decision Date:	03/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/01/2013

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 Interventional Spine 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 52 YO male with a date of injury of 06/20/2005. The listed diagnoses per [redacted] dated 07/22/2013 are: 1. Right shoulder arthroscopy with repair of rotator cuff (2006) 2. Status post anterior cervical spine surgery (2007), repeat surgery (2008) 3. Status post correction of nonunion C5-C6 (2009) 4. Status post anterior cervical discectomy and fusion at C6-C7 (2011) 5. Left shoulder arthroscopy (2011) 6. Revision arthrodesis C5-C6 (April 10, 2012) 7. Probable neuroma of the lateral femoral cutaneous nerve on right 8. Headaches 9. Depression According to report dated 07/22/2013 by [redacted] the patient presents with increase in neck pain that radiates centrally into his upper back and chest. He also complains of left shoulder pain and iliac crest pain. Left shoulder examination revealed tenderness to palpation of the left shoulder and pain with restricted range of motion and an equivocally positive impingement sign. Pelvic examination revealed tenderness over the iliac crest bilaterally. It is noted that patient has consulted with [redacted] on 06/13/2013 and she made recommendations for additional diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI Cervical Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary (5-14-2013).

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: This patient presents with neck, left shoulder and iliac crest pain. According to report dated 06/13/2013 by [redacted], patient reports "approximately one month ago new pain in his right lateral neck." Examination showed decreased pinprick sensation throughout the entire right upper extremity in all dermatomes, in the right L5 dermatome and left S1 dermatome. [redacted] states "the distribution of patient's pain would be consistent with an upper cervical radiculopathy either C3 or C4. With radiculopathy of these levels, they are not typically any objective motor, sensory or reflex findings. The patient has had a prior C5-6 fusion and it is quite possible that he is developing C4-5 or above adjacent level disease." His recommendation is for a MRI of the cervical spine to rule out an upper cervical disk herniation and stenosis. Unfortunately, the medical file provided for review does not include the prior cervical spine MRI. ACOEM guidelines pg 177, 178 has the following criteria for ordering imaging studies: 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. Based on the patient's subjective complaints and examination, an MRI of the cervical spine at this juncture is consistent with ACOEM guidelines. Recommendation is for approval.

Physical Therapy X 12 visits for Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary (5-14-2013).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: This patient presents with neck, left shoulder and iliac crest pain. Treater requests 12 sessions of physical therapy for the left shoulder "as the patient demonstrates the signs of tendonitis, and therapy should be attempted prior to repeating left shoulder surgery." For physical medicine, MTUS guidelines page 98, 99 has the following for Myalgia and myositis type symptoms recommendation is for 8-10 visits over 4 weeks. Medical records show patient received 24 sessions of physical therapy after the left shoulder surgery in 2011. Given the lack of any formalized therapy in the recent past, a short course of therapy may be reasonable, however MTUS recommends only 8-10 sessions for myalgia type symptoms. The current request for 12 sessions exceeds what is recommended, therefore recommendation is for denial.

Consult with [redacted] for Iliac Pain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary (5-14-2013).

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: This patient presents with neck, left shoulder and iliac crest pain. Treater requests consultation with [redacted] to determine if an ablation of the nerves would be appropriate for patient's iliac crest pain. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 states health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Medical report dated 07/22/2013 shows on pelvic examination there was tenderness over the iliac crest bilaterally. No further discussion is made regarding patient's complaints of iliac crest pain. In this case, the patient has persistent iliac crest pain from prior bone graft. Consultation with a specialist is medically reasonable to explore treatment options. Recommendation is for authorization.