

Case Number:	CM13-0053741		
Date Assigned:	12/30/2013	Date of Injury:	09/15/2008
Decision Date:	03/26/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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, low back, and shoulder pain reportedly associated with an industrial injury of September 13, 2008. 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; adjuvant medications; normal lumbar MRI of October 15, 2013; and extensive periods of time off work, on total temporary disability. In a Utilization Review Report of November 5, 2013, the claims administrator denied a request for aquatic therapy, denied a request for sternoclavicular joint injection, denied a rheumatoid panel, approved laxatives, approved gabapentin, and approved a Butrans patch. The applicant's attorney subsequently appealed. An earlier clinical progress note of October 7, 2013 is notable for comments that the applicant reports persistent unchanged low back and bilateral lower extremity pain, along with neck pain, upper extremity pain, elbow pain, wrist pain, hand pain, finger pain, knee pain, toe pain, shoulder pain, etc. Right clavicular pain near the sternum is also appreciated. The applicant is having difficulty performing numerous activities of daily living. Tenderness is noted about the right paraspinal region with 11 of 16 positive tender points. Myofascial tenderness is appreciated. The applicant exhibits an antalgic and slow gait. Various diagnoses are postulated, including multifocal pain syndrome, chronic regional pain syndrome, chronic neck pain, chronic low back pain, depression, etc. Aquatic therapy, rheumatoid panel, steroid injection, and various medications are endorsed while the applicant remains off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, 2x4, to the neck and low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 of 127.

Decision rationale: As noted on Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended in those individuals who carry a diagnosis of fibromyalgia, a possible and plausible diagnostic consideration here. In this case, the applicant's multifocal pain syndrome does seemingly suggest that the applicant is a good candidate for aquatic therapy, as suggested on Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

Right sternoclavicular joint injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder, Criteria for Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The Physician Reviewer's decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, a shoulder corticosteroid injection may be indicated after conservative therapy for two to three weeks has been attempted and/or failed. In this case, the applicant has had long-standing shoulder pain complaints for several years. A trial of shoulder corticosteroid injection is indicated. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

Rheumatoid panel: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The Physician Reviewer's decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, testing for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. In this case, the applicant does, indeed, have multifocal joint pain about the low back, neck, hip, knees, toes, etc. A rheumatoid panel to help distinguish between nonspecific diagnoses such as chronic pain syndrome or fibromyalgia versus an underlying rheumatoid disease is therefore indicated and appropriate, as suggested by ACOEM. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

