

<b>Case Number:</b>	CM13-0054553		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/14/2010
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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, 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:

This is a 58-year-old gentleman who was injured in a work-related accident on 10/14/10. The clinical records available for review indicate that the claimant sustained injuries to both the cervical spine and bilateral shoulders. He is status post bilateral shoulder arthroscopies and decompressions. The left was performed on 5/4/12 and the right on 11/2/12. He has also undergone two prior cervical epidural steroid injections--the last of which was documented on 3/30/13. Recent clinical assessment available for review includes a progress report dated 12/30/13 with [REDACTED] that indicates the claimant was with complaints of neck pain as well as radiating low back and cervical complaints. Physical examination findings at that date showed the shoulders to be with mildly diminished range of motion to the left and right upper extremities. Evaluation of the cervical spine showed restricted range of motion, equal and symmetrical deep tendon reflexes, and no documentation of motor weakness or sensory changes to the upper extremities. Reviewed at that time was a previous MRI of the cervical spine (unclear date) that showed spondylosis and diffuse disc bulging from C4-5 through C6-7. The claimant's working diagnosis was that of shoulder impingement bilaterally with failed injection procedures with continued disc protrusions status post three prior epidural steroid injections. The recommendations at that time were for continuation of physical therapy to the bilateral shoulders, cervical epidural steroid injection at a non-documented level, and continuation of medication management to include Tramadol and topical Transdermal Creams for which active ingredients were not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op PT 2x2 to bilateral shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued physical therapy in the chronic stage in this case would not be indicated. The claimant is greater than eighteen months following bilateral shoulder procedures with no documentation of indication as to why formal physical therapy modalities would be clinically indicated. While guidelines do recommend the role of physical therapy in the chronic setting on a sporadic basis, the claimant's time frame from injury, physical therapy already rendered, and current physical exam findings would not support its continuation at this time.

**Referral to pain management for C/S/ epidural injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Epidural Steroid Injection's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, epidural injection to the cervical spine at a non-documented level would not be indicated. First and foremost, the level for which injection procedure was to take place is not given. Guidelines criteria indicate that radiculopathy should be documented by both physical examination and corroborated by imaging studies. The records currently fail to demonstrate specific nerve compromise on examination consistent with a radicular process for which an injection would be warranted. This claimant has also undergone three prior cervical epidural steroid injections documented at the last clinical assessment. The above clinical picture would fail to meet clinical guidelines for a fourth epidural injection to a non-documented level.

**Retro date of service 10/31/13 for Tramadol 50mg x90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-94.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of Tramadol in the chronic setting is not indicated. Recent guidelines criteria fail to demonstrate the role of Tramadol beyond sixteen weeks of use for which efficacy is uncertain.

Given the claimant's chronic use of the above medication, current working diagnosis, and time frame for which medication has already been rendered would not support its continued use.

**Topical Transdermal Creams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113..

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of topical compounded agents are largely experimental with limited clinical evidence to demonstrate benefit and efficacy in the long term. Specifically to this case, there is no documentation as to active ingredients being utilized in the topical compounds being requested. This in and of itself would fail to necessitate its continued role in this claimant's course of chronic care.