

Case Number:	CM13-0059270		
Date Assigned:	12/30/2013	Date of Injury:	11/14/2012
Decision Date:	04/04/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	12/02/2013

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 and is licensed to practice in Texas. 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 61-year-old male who reported an injury on 11/14/2012. The mechanism of injury involved a fall. The patient is currently diagnosed with low back pain, cervicogenic headache, neck pain, and right shoulder pain. The patient was evaluated on 08/14/2013. The patient reported increasing pain. Physical examination was not provided. Treatment recommendations included aquatic therapy 3 times per week for 4 weeks, a right shoulder steroid injection, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for three (3) transforaminal epidural steroid injections at L5-S1 level: Upheld

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

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

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, there is no evidence of radiculopathy upon physical examination. There were no imaging studies or electrodiagnostic reports submitted for

review. There is no evidence of an unresponsiveness to conservative treatment. Additionally, guidelines do not support a series of three (3) injections. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Request for one (1) shoulder injection:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. As per the documentation submitted, there is no evidence of a comprehensive physical examination of bilateral shoulders. There were no x-rays or imaging studies provided for review. There is no documentation of an exhaustion of conservative treatment with regard to the right shoulder. Based on the clinical information received, the request is non-certified.

Request for aquatic therapy three (3) times a week for four (4) weeks to the lumbar: Upheld

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

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

Decision rationale: The California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land-based physical therapy. As per the documentation submitted, the patient has previously participated in aquatic therapy. Despite ongoing treatment, the patient has continuously reported high levels of pain. There is no indication that this patient requires reduced weight bearing as opposed to land-based physical therapy. Additionally, the request for 12 sessions of lumbar aquatic therapy exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

Request for Oxycodone 10 mg #28: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

request for MS Contin 15 mg #14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

Request for Motrin 200 mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. As per the documentation submitted, there is no evidence of this patient's current utilization of this medication. Furthermore, California MTUS Guidelines state there is no evidence of long-term effectiveness for pain or function. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.