

<b>Case Number:</b>	CM13-0061490		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 expert 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 53 year old female who was injured on 03/08/2011. She tripped and fell over a shredder in the aisle. As she fell, she tried to grab onto file cabinets but "flipped up into the air," landing on her back. When she fell, she injured her neck and back and had back pain radiating to her right foot. She also injured her shoulders and right upper extremity. Prior treatment history has included shockwave with some improvement in her elbow; epidural steroid injection to the lumbar spine in November 2012. She is continuing to receive postoperative physical therapy. She has received acupuncture to her right shoulder; biofeedback therapy at home. Diagnostic studies reviewed include FCE dated 06/30/2013 reveals the patient is able to withstand 6 to 8 hours of walking and sitting. She is able to stand and reach with her legs for 4 to 6 hours. She can twist, grasp, and push/pull occasionally for about 1-2 hours. She is a preop/postop nurse. Pain management follow-up dated 10/24/2013 states the patient has complaints of left-sided low back pain. The patient did undergo a right sacroiliac joint injection and has quite dramatic relief of 80-90% of the pain on the right side of her lower back. she states that the other day, she felt something on the left side and is having more left sided pain now, but feels that this is coming down with some conservative treatment. On examination, the lumbar spine range of motion is relatively good. She has some slight tenderness noted mostly over the left sacroiliac joint. She has significant pain with Faber's test and Gaenslen test on the left. The patient is diagnosed with lumbar spine strain/sprain; low back pain with radicular symptoms to right lower extremity; sacroiliac joint arthropathy on the right; and left sacroiliac arthropathy. Orthopedic surgery Follow-up dated 10/14/2013 reports the pain to her elbows, right worse than left. In regards to her right shoulder, she is happy with her surgical result. The pain is less than what it was before the surgery. On exam, there is tenderness to palpation over the right elbow lateral epicondyle. There is also tenderness over the left elbow lateral epicondyle. Provocative test for lateral

epicondylitis is positive bilaterally. The grip strength is diminished. Diagnosis is status post right shoulder arthroscopy and decompression and bilateral elbow lateral epicondylitis, right worse than left. AME report dated 07/31/2013 indicates the patient returned today because of ongoing complaints in her neck, low back and right upper extremity weakness and for determination of her disability status after undergoing right shoulder surgery. Activities of daily living (affected by industrial exposure) include self-care; physical activities including lifting anything weighing more than 5 pounds causes low back pain, right shoulder pain, and right arm pain; sexual function, and sleep disturbances. She has heartburn and she is able to drive and ride. On exam, she weighs 210 pounds. She did not appear to be in acute pain. Cervical spine examination exhibits range of motion to be painful. Manual traction and compression of her head and neck did not produce any symptoms. She had tenderness to palpation of the paraspinal muscles. She has no sensory loss in her upper extremities. Her deep tendon reflexes were brisk and symmetrical. There is no weakness. Measurements of the upper extremities shows left biceps were 34 cm; right biceps was 36 cm. Dorsal spine exam reveals no palpable tenderness. Lumbar spine exam produces pain, intermittently radiating to the toes of her right foot and is intermittently accompanied by numbness and tingling in the toes of her right foot. She has a normal heel-toe swing-through gait, with no evidence of limp or discomfort. She has no tenderness to gentle palpation along the lumbar spine, sciatic notches, or sacroiliac joints. She had circumferentially diminished sensation in the right lower extremity; deep tendon reflexes were symmet

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CHRONIC SPRAIN/STRAIN OF CERVICAL SPINE WITH MULTILEVEL DEGENERATIVE CERVICAL DISC DISEASE WITH CERVICAL SPONDYLOSIS, C3 - C4, THROUGH C6 C7 DISCS AND A DISC OSTEOPHYTE COMPLEX OF 3 MM AT C5 C6 RESULTING IN MODERATE NEUROFORAMINAL NARROWING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46,51, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function, pg. 114.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11-12, 26-27.

**Decision rationale:** The post surgical treatment guidelines state, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." "Patient education regarding postsurgical precautions, home exercises, and self management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement

therapy visits" The patient underwent right shoulder arthroscopy on 02/14/2013 and reportedly received postoperative therapy that was still ongoing as of the 07/31/2013 AME. The patient was also undergoing acupuncture for the right shoulder with the first treatment date being 07/16/2013. The shoulder post surgical treatment period is for a span of 6 months, which the patient has clearly exceeded. There is also no indication that the patient has improved with the prior treatments, the frequency of the treatment or the type of rehabilitation to be performed. Based on the medical documentation and guidelines referenced, the request is not found to be medically necessary.

**NSAID MEDICATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The CPMTG have specific recommendations for the use of NSAIDs based on the symptoms being treated. The overall general recommendation is that NSAIDs should be used at the lowest dose and for the shortest period of time for patients with moderate to severe pain. There is no documentation that the patient has been tried on acetaminophens or that there has been consideration of potential GI issues with the use of NSAIDs (the patient reported a history of GI issues on the 07/31/2013 AME). This request for NSAIDs fails to document the quantity, type of frequency of use. Based on the lack of documentation on the recommendation, the request is not medically necessary.

**HOME ASSISSTANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

**Decision rationale:** The CPMTG recommends home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. The AME reports the patient has some ADL's that are affected due to the injury that include self care and some physical activities; however, it also reports that the patient is able to drive and ride, thus making her non-homebound. The request for home assistance is not medically necessary based on the provided documentation.