

Case Number:	CM13-0070002		
Date Assigned:	03/21/2014	Date of Injury:	07/30/2012
Decision Date:	06/30/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/24/2013

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, 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 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 47-year-old male with date of injury of 07/30/2012. The listed diagnoses dated 11/25/2013 are: Cervicalgia, Thoracic sprain, Radiculitis of the lumbar spine, Lumbar spine discogenic disease, Bilateral shoulder pain, Right foot sprain, Depressive disorder, Fracture of the right great toe, Right shoulder rotator cuff tear, and Right shoulder moderate impingement. According to the report, the patient complains of bilateral shoulder, neck, upper back, lower back, and right toe pain. He also complains of constant pain in his lower back traveling to his left leg which he describes as throbbing and sharp with numbness on the leg. He also states he has constant pain in his bilateral shoulder which he describes as throbbing and aching. The patient also reports difficulty sleeping and waking during the night due to pain. He reports symptoms of anxiety and depression due to pain, weight loss and loss of work. The physical exam shows there is non-specific tenderness upon palpation in both shoulders. There is moderate tenderness at the acromioclavicular joint, anterior labrum, supraspinatus, bicipital group, acromion and upper trapezius on the right. Impingement maneuver is positive on the right shoulder, load and shift testing, and supraspinatus resistance test reveal pain on the right shoulder. The patient has noted sensory deficit of the anterolateral shoulder and arm of the right which started superficial tactile sensibility with some abnormal sensations or slight pain corresponding to the C5 dermatome. At C3-C4 and C5-C6 palpation reveals moderate paraspinal tenderness, muscle guarding and spasms on the right. Palpation reveals moderate tenderness at the facet joints bilaterally referring to the trapezius. Distraction test is positive on both sides. Foraminal compression test reveals pain on both sides. The patient has noted sensory deficit on the medial forearm on the right with distorted superficial tactile sensibility with some abnormal sensations or slight pain corresponding to the T1 dermatome. Valsalva,

Kemps test/facet and Patrick Fabere are positive on both sides. Straight leg raise seated is positive bilaterally. Extradural involvements/sciatic tension is painful bilaterally. At levels L3-L4, L4-L5, L5-S1 and S1, palpation reveals moderate paraspinal tenderness, muscle guarding and spasms bilaterally. At levels L2-L3, L3-L4, L4-L5, and L5-S1, palpation reveals moderate tenderness at the facet joints bilaterally. Referring to the iliac crest and buttock, palpation reveals moderate tenderness at the S1 on the left. The utilization review denied the request on 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC EVAL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Pain Outcomes and Endpoints Pain is subjective.

Decision rationale: This patient presents with bilateral shoulder, neck, upper back, lower back, and right toe pain. The physician is requesting a psychiatric evaluation. The MTUS page 8 on pain outcomes and endpoints states, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress towards treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use other therapeutic modalities." The 11/25/2013 report notes that the physician is recommending a referral for a psychological evaluation to address the patient's depression, anxiety, and stress. Given the patient's ongoing psychological symptoms, a referral for psychiatry evaluation is reasonable. Recommendation is for authorization.

PAIN MANAGEMENT CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), page 127 The occupational 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)

Decision rationale: This patient presents with bilateral shoulder, neck, upper back, lower back, and right toe pain. The physician is requesting a pain management consult. The ACOEM

Guidelines page 127 states that the health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain is course of care may benefit from additional expertise. The progress report dated 11/25/2013 notes, "I am recommending the patient be referred for pain management consultation to address [a] second epidural." In the case, ESI is not indicated given prior failure and a referral to pain management for sole purpose of ESI does not appear indicated. Recommendation is for denial.

EPIDURAL INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Recommended as an option for treatment of radicular pa.

Decision rationale: This patient presents with bilateral shoulder, neck, upper back, lower back, and right toe pain. The physician is requesting an epidural injection. The MTUS Guidelines page 46 and 47 on epidural steroid injection states, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with collaborative findings of radiculopathy)." In addition, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The MRI report dated 08/20/2012 of the lumbar spine showed a 2- to 3-mm disk bulge without central or lateral spinal stenosis at L3-L4 and a 2- to 3-mm disk bulge and moderate bilateral facet hypertrophy at L4-L5. There is also an 8-mm disk protrusion at L5-S1 with disk space narrowing with moderate to severe left and moderate right facet hypertrophy and posterior displacement of the left S1 nerve root. The report dated 07/02/2013 documents that the patient underwent one lumbar ESI in 2012 with only temporary benefit. The physician does not document any change in the patient's symptoms, new injury or change in clinical presentation to consider trying ESI. For repeat injections, MTUS require documentation of 50% or more reduction of pain lasting 6-8 weeks along with medication reduction. Recommendation is for denial.

ORTHO SURGICAL CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), page 209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), page 127 The occupational 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)

Decision rationale: This patient presents with bilateral shoulder, neck, upper back, lower back, and right toe pain. The physician is requesting ortho surgical consult. The ACOEM Guidelines page 127 states, "The occupational 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." The report dated 11/25/2013 shows there is moderate tenderness at the acromioclavicular joint, anterior labrum, supraspinatus, bicipital groove, acromion, and upper trapezius on the right. Furthermore, impingement sign maneuver is positive on the right shoulder as well as load and shift testing and supraspinatus resistance test reveals pain on the right shoulder. In the same report, the physician notes, "The patient is recommended to follow up with an orthopedic surgery consultation to address right shoulder surgery." In this case, the physician seems uncomfortable addressing the patient's right shoulder and an orthopedic consultation to discuss possible surgery is reasonable. Recommendation is for authorization.

RIGHT SHOULDER ARTHROSCOPY: Upheld

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004).

Decision rationale: The ACOEM Guidelines also states on page 214 that surgical treatment consisting of subacromial decompression is recommended after failure of non-operative care. Furthermore, conservative care including cortisone injections can be carried out for at least 3 to 6 months before considering surgery. The ODG Guidelines on shoulder surgery for impingement require weak or absent shoulder abduction with imaging studies showing impingement, and for rotator cuff repair, weak or absent shoulder abduction, positive response to injection and imaging showing rotator cuff deficit. In this patient, the MRI of the shoulder dated 03/14/2013 showed moderate subscapularis tendinosis, moderate acromioclavicular joint osteoarthritis, and moderate bicipital tenosynovial fluid correlated to tenosynovitis; low-grade partial thickness intrasubstance delaminating tear at the junction of the posterior supraspinatus and anterior infraspinatus tendons. The physician states on 10/11/2013, "This patient has failed conservative care of the past several months. He has had rest, medications, and therapy and he has not improved. It is felt at this point in time that injections would not change in his overall outcome. I am recommending he undergo arthroscopic decompression of the rotator cuff with debridement and repair, as well as the possibility of acromioclavicular joint decompression." The progress report dated 11/25/2013 shows a positive impingement maneuver on the right shoulder and diminished range of motion to the right shoulder compared to the left. There is no documentation of weakness/absent shoulder abduction; no evidence that an injection relieved pain temporarily;

no clear evidence of impingement on MRI although there is a partial tear of supraspinatus. All of these must be present before surgery is recommended per ODG guidelines. Recommendation is for denial.