

Case Number:	CM14-0108430		
Date Assigned:	08/08/2014	Date of Injury:	05/19/2005
Decision Date:	10/28/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family 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 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 injured worker is a 39 year old male whose date of injury is 05/19/05. The mechanism of injury is noted as operating a forklift and fell off the dock area injuring his back, neck and left shoulder. Initial treatment included medications, physical therapy, chiropractic, acupuncture, Xrays, MRI and electromyography/ Nerve conduction velocity (EMG/NCV) study of the low back and left shoulder. Office notes dated 06/03/14 indicate that the injured worker is seen for complaints in his left shoulder and lumbar spine. The injured worker indicated that 2010 was the last time he received treatment for his injuries. The injured worker returned to work full duty and continued working until he was laid off on 05/05/14. Physical examination revealed the injured worker to be 5'6" tall and 229 pounds, gait is nonantalgic, left shoulder exam showed positive Neer's; positive 90 degree crossover impingement test; positive Apley's and positive Hawkins, overall range of motion is about 85 percent of full, lumbar spine range of motion is forward flexion 45/90; extension 10/25; right and left lateral flexion 15/25 with positive toe walk and negative heel walk, positive right sciatic nerve stretch test in the seated position, supine straight leg raise is positive on the right at 45 degrees, sensation is intact, Trendelenburg is negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: CBC, CRP, CPK, Chem 8, Hepatic and Arthritis Panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 70.

Decision rationale: The records reflect that the injured worker is not taking any medications, and does not like or want to take oral medications. Consequently, there is no medical necessity for lab work. also, it is noted that the injured worker had CBC and chems done on 03/11/14 and all results were within normal limits. Based on the clinical information provided, the request for Labs: CBC, CRP, CPK, Chem 8, Hepatic and Arthritis Panel is not recommended as medically necessary.

MRI L Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic Resonance Imaging (MRI).

Decision rationale: ACOEM guidelines provide that primary criteria for ordering imaging studies are emergence of a red flag (e.g., indications of intraabdominal or cardiac, problems presenting as shoulder problems), physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment), ODG notes that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of significant pathology. The injured worker has subjective complaints of left shoulder pain with decreased range of motion and positive impingement signs on examination. The records indicate that the injured worker has had previous x-rays and MRI of the left shoulder, but no radiology reports were submitted for review. The records also indicate that the injured worker has not had any treatment for this industrial injury for approximately 4 years. There is no evidence that the injured worker has had a significant change in symptoms. Based on the clinical information provided, noting the lack of any recent attempts at conservative care, no significant changes in symptomatology, and absence of radiology reports from previous imaging studies, the request for MRI left shoulder is not recommended as medically necessary.

MRI Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM provides that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker has no findings of motor or sensory deficits on physical examination that correspond to a specific nerve root distribution. There is no evidence that the injured worker has had any recent conservative care for the lumbar spine as he reports that he was last treated in 2010 for his industrial injuries. The records indicate that the injured worker has had previous imaging studies including lumbar MRI, but no radiology reports were submitted for review. Based on the clinical information provided, the request for MRI lumbar is not recommended as medically necessary.

X-ray left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-208.

Decision rationale: The injured worker has subjective complaints of left shoulder pain with decreased range of motion and positive impingement signs on examination. The records indicate that the injured worker has had previous x-rays and MRI of the left shoulder, but no radiology reports were submitted for review. The records also indicate that the injured worker has not had any treatment for this industrial injury for approximately four years. There is no evidence that the injured worker has any red flags for serious shoulder condition or referred pain. Based on the clinical information provided, the request for Xray left shoulder is not recommended as medically necessary.

X-ray Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: ACOEM provides that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. As noted above, the injured worker has not had treatment for this injury since 2010. There is no evidence of motor or sensory deficits on examination. Previous Xrays of the lumbar spine were obtained, but no radiology report was provided. Based on the clinical information provided, the injured worker does not meet criteria and the request for lumbar spine x-rays is not recommended as medically necessary.

Acupuncture 2x6 left shoulder and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS provides that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. An initial trial of three to six treatments is recommended and with objective evidence of functional improvement, acupuncture treatment may be extended. The records indicate that the injured worker has had previous acupuncture, but the dates of treatment and total number of acupuncture sessions was not documented. There is no assessment of the injured worker's response to treatment with documentation of functional improvement. Based on the clinical information provided, the request for acupuncture two times per week for six left shoulder and lumbar is not recommended as medically necessary.

UA Tox Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The injured worker is not taking any medications, and specifically is not taking any narcotic medications. As such, he does not meet criteria for drug testing to monitor compliance with medication usage. Based on the clinical information provided, the request for urinalysis toxicology screen is not recommended as medically necessary.

Chiropractic therapy 2x6 low back and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: CA MTUS provides that chiropractic/manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. An initial trial of six visits is recommended and, with evidence of objective functional improvement, a total of up to eighteen visits over six to eight weeks may be appropriate. The injured worker is reported to have had previous chiropractic care, but the dates of treatment and the total number of visits completed is not documented. There is no objective

assessment of the injured worker's response to this treatment. The injured worker has had no recent treatment for this injury. Based on the clinical information provided, the request for chiro two times a week for six weeks low back and left shoulder is not recommended as medically necessary.

Physiotherapy 2x6 low back and left shoulder: Upheld

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

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

Decision rationale: CA MTUS provides that physical therapy is recommended, noting that passive therapy can provide short term relief during the early phases of pain treatment. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend a six visit trial with additional sessions based on assessment after the initial trial with objective functional improvement. A home exercise program is indicated in conjunction with physical therapy. The injured worker is noted to have had prior physical therapy, but the nature and extent of treatment is not documented including the total number of visits, modalities used, and response to treatment. There is no indication that the injured worker is compliant with a home exercise program. Based on the clinical information provided, the request for physiotherapy two times a week for six weeks low back and left shoulder is not recommended as medically necessary.