

<b>Case Number:</b>	CM14-0011027		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Occupational 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 claimant injured her left shoulder and low back on 4/19/13 when she was repositioning her desk at work. She had been previously treated in January 2013 for her low back and left shoulder. She had severe pain in the low back and moderate pain in the left shoulder with no radiation and there was significant improvement in the low back and some improvement in the left shoulder as of 1/22/13. She attended chiropractic visits. On 9/2/13, the therapy progress note indicates she had six visits remaining. On 8/29/13, she saw [REDACTED] and reported being dizzy and lightheaded as a result of Norco and Fexmid. That Sunday she fell down in the shower. She had increased pain in her back. She was taking Imitrex, Norco, Voltaren, and Fexmid. There was evidence of tenderness with decreased range of motion and she was diagnosed with lower extremity radiculopathy and facet osteoarthritis with spondylosis. On 10/2/13, she saw [REDACTED] and was diagnosed with myofascial sprain of the low back and bilateral shoulder sprain. Twelve visits of physical therapy were recommended. She had tenderness of the low back with spasm and positive straight leg raises at 15° and a positive Valsalva maneuver. Her left shoulder had 2+ tenderness. She had low back pain radiating into both lower extremities and tenderness and pain in both shoulders that radiated to both upper extremities. Physical therapy had been recommended by [REDACTED] on 5/19/13 and again in June 2013 by [REDACTED]. She worked until 9/20/13 until she could no longer bear the pain. She complained of constant pain in her shoulders radiating down her arms and into her neck and the right hand. Pain increased with activity. She had constant pain in her low back across the waist with radiation down her legs. She had stiffness, weakness, numbness, and tingling in her legs. Range of motion of the shoulders was unremarkable. There was no evidence of impingement, but there was tenderness over the deltoid muscle. She had tenderness and spasm with straight leg raises positive bilaterally at 15° and positive Kemp's test. She had decreased range of motion of the low back. She was diagnosed

with myofascial sprain of the low back rule out herniated nucleus pulposus, and bilateral shoulder sprains. X-rays of the shoulders and low back and physical therapy for the shoulders were ordered.

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

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

#### **PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES., CHAPTER: PHYSICAL THERAPY (PT),

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PHYSICAL MEDICINE, 130

**Decision rationale:** The California MTUS Chronic Pain Guidelines state that physical medicine treatment may be indicated for some chronic conditions and that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The claimant has attended an unknown number of physical therapy visits since her injury and there is no clinical information that warrants the continuation of physical therapy for an extended period of time. It is not clear whether she received any significant or sustained benefit from these visits as this is not clearly addressed in the records. There is no evidence that the claimant has attempted and failed, or remains unable to complete her rehab with an independent home exercise program. There is no evidence that she continues to require supervised rehab visits. The medical necessity of the additional therapy has not been clearly demonstrated.

#### **MRI LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES. SECOND EDITION (2004), CHAPTER 12: LOW BACK COMPLAINTS, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE , 12, LOW BACK STUDIES,

**Decision rationale:** The California MTUS/ACOEM Chapter 12 states 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. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue

insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). There are reports of chronic pain but no clear evidence of focal radiculopathy. The claimant reports pain radiating down both legs, but the pain is not clearly described as being radicular. Her findings on physical examination do not demonstrate evidence of radiculopathy and the straight leg raises are reported to be positive, but are not described as reproducing radicular pain. No EMG demonstrating radiculopathy has been reported. The claimant's course of treatment to date is unclear, but it appears she has had some rehab visits. Trials of medications and local modalities such as ice and heat have not been described. There is no indication that the claimant has been involved in an ongoing exercise program since completing her previous physical therapy. There are no new or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request has not been clearly demonstrated.

**MRI LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, SECOND EDITION (2004), CHAPTER: SHOULDER COMPLAINTS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE , 9, SHOULDER, SPECIAL STUDIES,

**Decision rationale:** The California MTUS/ACOEM Chapter 9 states that routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. There are reports of chronic pain, but no clear evidence of focal findings demonstrating a likely serious internal derangement of the shoulder. The claimant reports pain in her shoulder that radiates, but only tenderness has been described and her range of motion was full. The claimant's course of treatment to date is unclear but it appears she has had some rehab visits. Trials of medications and local modalities such as ice and heat have not been described. There is no indication that the claimant has been involved in an ongoing exercise program since completing her previous physical therapy. There are no focal neurologic deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request has not been clearly demonstrated.