MAXIMUS Federal Services

Case Number:	CM14-0154132		
Date Assigned:	09/23/2014	Date of Injury:	03/25/2008
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopedic Surgery 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 59-year-old male laborer sustained an industrial injury on 3/25/08. Injury occurred while pulling on a lever of a large ratchet to tighten a machine. He reported onset of low back pain. Subsequent injury to both shoulders and a cumulative trauma injury to the neck, shoulders, hands, wrists, and low back were noted. Past medical history was positive for peptic ulcer disease and prostate cancer, with recent completion of radiation treatment. The 6/3/14 initial pain management report cited grade 8/10 intermittent neck pain radiating to both shoulders, and constant grade 8/10 low back pain radiating to both legs with numbness, tingling, and weakness. There was constant grade 8/10 bilateral shoulder pain radiating to the upper extremities and restricted painful range of motion with popping, clicking and grinding. Functional difficulty was reported in activities of daily living and prolonged driving. Sleep impairment was documented. Depression and anxiety were reported associated with chronic pain and functional limitations. Lumbar spine exam documented antalgic and restricted gait, ability to heel/toe walk with increased back pain, and diffuse muscle guarding and tenderness. Yeoman's and straight leg raise tests were positive bilaterally. There was moderate loss of lumbar range of motion. Lower extremity motor function, sensory appreciation and deep tendon reflexes were within normal limits. Non-specific lower extremity atrophy was documented. Bilateral shoulder exam documented acromioclavicular joint and supraspinatus tenderness, mild loss of range of motion, and positive bilateral impingement test. Upper extremity exam documented positive bilateral ulnar nerve compression and Tinel's test at the cubital tunnel and positive bilateral Tinel's at the carpal tunnel. There was global 4/5 upper extremity weakness. A 2011 lumbar MRI showed a small disc bulge at L4/5 with moderate bilateral neuroforaminal narrowing and L5/S1 disc bulge with moderate to severe bilateral foraminal narrowing. A shoulder MRI showed bilateral full thickness tears with retraction. The treatment plan recommended orthopedic

evaluation for bilateral shoulder rotator cuff injury and upper extremity entrapment neuropathy and neurosurgical evaluation of lumbar stenosis with findings of bilateral lumbar radiculitis, lower extremity atrophy, and weakness. Updated upper extremity electrodiagnostic studies and lumbar MRI were requested. The 8/20/14 utilization review denied the request for lumbar spinal consult as there was no objective evidence of a neurologic deficit, no imaging evidence of a surgical lesion, and no documented failure of recent conservative treatment. Current MRI and electrodiagnostic studies were pending and it was reasonable to assess the results prior to evaluation for surgical intervention. The request for orthopedic evaluation of the bilateral shoulders was denied as there was no recent shoulder imaging or evidence of conservative treatment failure consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Consult Eval- Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that referral for surgical consultation is indicated for patients who have met specific criteria. Referral is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. There should be activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines require clear clinical, imaging, and electrophysiologic evidence of a lesion that has shown to benefit in the short and long term from surgical repair. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms must be documented. Guideline criteria have not been fully met. There is no current imaging evidence of a surgical lesion or objective clinical signs of neural compromise. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Records indicate that an updated MRI of the lumbar spine is pending. Therefore, the request for spine consult evaluation of the lumbar spine is not medically necessary and appropriate.

Ortho Eval Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The California MTUS guidelines state that referral for surgical consultation for the shoulder is indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff

tear in a young workers, glenohumeral dislocation, etc.); Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; and, clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short- and long-term, from surgical repair. Guideline criteria have not been met. This request was for evaluation of rotator cuff injury and entrapment neuropathy. There is no evidence in the records of an imaging report and the date of the reported MRI is not provided. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Records indicate that upper extremity electrodiagnostic studies were pending. Therefore, the request for Ortho evaluation of the bilateral shoulders is not medically necessary and appropriate.