

Case Number:	CM14-0165960		
Date Assigned:	10/13/2014	Date of Injury:	05/30/2014
Decision Date:	12/31/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/08/2014

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 Ohio. 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 53 year-old male, who was injured on May 30, 2014, while performing regular work duties. The mechanism of injury is due to lifting a roll of carpet weighing approximately 100 pounds, then feeling a sharp pain in the upper back, right shoulder, and low back. The records indicate the injured worker has received "10 therapies" of unknown type, and shockwave treatment, prior to the evaluation on August 6, 2014. The records do not indicate the efficacy of the treatment already received, only that the injured worker had been taken off of work restrictions. The injured worker complains of constant upper back pain, numbness and tingling of the cervical spine, intermittent right shoulder pain, and constant low back pain, and indicates medications help. A magnetic resonance imaging of the lumbar spine on August 29, 2014, reveals a disc herniation, a disc desiccation, and straightening of the lumbar lordotic curvature. The physical exam reveals tenderness of the trapezii muscles, the suboccipital region, the right acromioclavicular joint, and the lumbar paraspinal muscles. There is diminished range of motion of the right shoulder, cervical and lumbar spines. The request for authorization is for 12 physical therapy sessions, and 12 acupuncture sessions. The primary diagnosis is sprain of neck. Associated diagnoses are lumbar spine sprain or strain, lumbar radiculitis, and right shoulder sprain or strain. On September 26, 2014, Utilization Review provided a modified certification of two (2) physical therapy sessions, and six (6) acupuncture sessions, as per ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Neck and Upper Back, and Shoulder, Physical Therapy

Decision rationale: The Official Disability Guidelines allow for 10 physical therapy visits over 8 weeks for sprains/strains of the shoulder, 10 physical therapy visits over 8 weeks for sprains/strains of the neck, and 10 physical therapy visits over 8 weeks for lumbar strains/sprains, and 10-12 visits for lumbar radiculitis. The requested services do not specify which body location the physical therapy is intended and it is therefore it is assumed that it is desired that there be therapy to all locations associated with a diagnosis. The request for 12 physical therapy visits exceeds that allowable for sprains/strains of the shoulder, neck, and low back. Consequently, 12 physical therapy sessions for unspecified body location(s) is not medically necessary.

12 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Neck and Upper Back, and Shoulder, Acupuncture

Decision rationale: The Official Disability Guidelines allow for a trial of acupuncture of 3-4 visits over 2 weeks for neck, low back, and shoulder complaints. A total of 8-12 acupuncture visits may be allowable with evidence of functional improvement after the initial trial. In this instance, the available records do not indicate that there has been an initial trial of acupuncture with evidence of functional improvement. Therefore, 12 acupuncture sessions for unspecified body locations is not medically necessary per the referenced guidelines.

X-Rays of Cervical Spine and Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Shoulder, Radiography

Decision rationale: The Official Disability Guidelines allow for x-rays of the cervical spine when neck pain has been present for 3 months, patient older than 40, no history of trauma, first study. These requirements are met here. Plain radiographs should be routinely ordered for

patients with chronic shoulder pain, including anteroposterior, scapular Y, and axillary views. It does not appear that the injured worker has had imaging of the neck or shoulder. Therefore, X-Rays of cervical spine and right shoulder are medically necessary.

MRI of Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI

Decision rationale: MRI imaging of the low back is indicated for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this instance, the injured worker has radicular pain as evidenced by low back pain radiating into the legs with numbness and tingling and findings of a positive straight leg raise exam. He has failed conservative therapy for over one month. Therefore, an MRI of lumbar spine is medically necessary.