

Case Number:	CM14-0171071		
Date Assigned:	10/23/2014	Date of Injury:	03/03/2014
Decision Date:	11/21/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/16/2014

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 Practice 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:

50 year old female claimant sustained a work injury on 3/3/14 involving the low back and right shoulder. She was diagnosed with L4-L5 disc disease, right adhesive capsulitis and right shoulder impingement syndrome. A progress note on 9/17/14 indicated the claimant had 8/10 shoulder and lumbar pain. A prior EMG was consistent with L4-S1 radiculopathy. Exam findings showed decreased range of motion of the right shoulder with impingement findings and decreased range of motion of the lumbar spine. The physician requested an X-ray/MRI of the right shoulder, 12 sessions of physical, chiropractor and acupuncture therapy, pain management evaluation for an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One x-ray of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to the ACOEM guidelines, x-rays are not routinely recommended unless there are shoulder complaints after 4-6 weeks of treatment. They are recommended for

acute trauma. In this case, the injury was old and an MRI was also ordered in conjunction. The x-ray is not medically necessary.

Chiropractic therapy for the lumbar spine and right shoulder, twelve sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapies and Manipulation Section Page(s): 58 - 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58-59.

Decision rationale: According to the MTUS guidelines, manual medicine such as chiropractor therapy is recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement. In this case, the amount of therapy requested exceeds the amount suggested by the guidelines before assessing functional response to treatment. The request above is not medically necessary.

Acupuncture treatment for the lumbar spine and right shoulder, twelve sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapies and Manipulation Section.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, "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. Time to produce functional improvement: 3 to 6 treatments. In this case, the amount of therapy requested exceeds the amount suggested by the guidelines before assessing functional response to treatment. The request above is not medically necessary.

Pain management consultation for the lumber spine: 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), Low Back Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant does not have the above diagnoses; therefore a pain management consultation is not medically necessary.