

Case Number:	CM14-0179739		
Date Assigned:	11/04/2014	Date of Injury:	04/17/2014
Decision Date:	12/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/29/2014

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 Physical Medicine & Rehabilitation 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 30-year-old man with a date of injury of 4/17/14. He is being treated for chief complaints of neck pain, left shoulder pain and low back pain. Pain level ranges from 5/10-8/10. Physical examination is significant for generalized paraspinal muscle spasms, asymmetric glenohumeral movement and SI joint tenderness. Diagnostic request include MRI of the cervical spine to rule out herniated nucleus pulposus and MRI of the lumbar spine to rule out herniated nucleus pulposus. Prescriptions were provided for cyclobenzaprine cream 2%, Naprosyn cream 15% and Apptrim. Lumbar MRI findings from report dated 6/2/14 reports and L5-S1 4.3 mm broad-based disc protrusion. Request was made for spine and shoulders MRI, physical therapy, orthopedic and pain management consultations.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESWT, six sessions for the cervical spine, lumbar spine, and left shoulder: 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 Chapter, (ESWT)

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 , Shock wave therapy

Decision rationale: The injured worker presents with a one-month work injury resulting in neck, low back and left shoulder pain. 6 sessions of extracorporeal shock wave therapy were requested for low back pain. MTUS guidelines do not recommend extracorporeal shock wave therapy. The request for extracorporeal shock wave therapy is therefore not medically necessary.

Physiotherapy with chiropractic manipulation for the cervical spine, twice a week for six weeks: Upheld

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

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

Decision rationale: The injured worker presents with a one-month work injury resulting in neck, low back and left shoulder pain. 12 manual therapy sessions were requested for cervical spine. MTUS guidelines recommends up to 6 visits over 2 weeks with evidence of objective functional improvement. The request for 12 visits exceeds MTUS guidelines and is therefore not medically necessary.

Physiotherapy with chiropractic treatment for the lumbar spine, twice a week for three weeks: Overturned

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

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

Decision rationale: The injured worker presents with a one-month work injury resulting in neck, low back and left shoulder pain. 6 manual therapy visits were requested for lumbar spine. MTUS guidelines recommends up to 6 visits over 2 weeks with evidence of objective functional improvement. The request meets MTUS guidelines and is therefore medically necessary.

Low impact physical therapy (possible aqua therapy) for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy; Shoulder Complaints Page(s): 22-23,212.

Decision rationale: The injured worker presents with a one-month work injury resulting in neck, low back and left shoulder pain. 12 visits for low impact aquatic therapy was requested for the left shoulder. MTUS guidelines recommend aquatic therapy as an alternative to land-based

therapy when reduced weight bearing is desirable. With a diagnosis of shoulder impingement syndrome MTUS guidelines recommends a short course of supervised exercise instruction as a treatment option. The request as written does not describe a short course of physical therapy nor does the documentation support the need for reduced weight bearing to the shoulder. The request for is therefore not medically necessary.

MRI of the cervical, lumbar spine, and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines neck and upper back complaints, low back complaints, shoulder Page(s): 177-178, 303-304, 202.

Decision rationale: The injured worker presents with a one-month work injury resulting in neck, low back and left shoulder pain. MRI of the cervical and lumbar regions and right shoulder is requested. No "red flag" conditions are identified. Specific indications for surgery are not present. MTUS guidelines do not recommend special study and diagnostics without evidence of serious spinal pathology. MRI is not medically necessary as the injured worker does not meet the criteria described in the MTUS.

Pain management consultation: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment Page(s): 21.

Decision rationale: The injured worker presents with a one-month work injury resulting in neck, low back and left shoulder pain. Primary interventional has included topical analgesics and physical therapy. Documentation does not provide indications for specialty pain management such as chronic high dose opioid therapy or evaluation for interventional pain procedures. MTUS guidelines indicate that the evaluation and treatment of the injured worker can be handled safely and effectively by a primary care provider in the absence of red flags. Request for pain management consultation is therefore not medically necessary.

Orthopedic Consultation for the left shoulder: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Page(s): 202.

Decision rationale: The injured worker presents with a one-month work injury resulting in neck, low back and left shoulder pain. Orthopedic consultation is requested for the diagnosis of shoulder impingement syndrome. MTUS guidelines indicate that for a probable diagnosis of impingement of the shoulder the condition can be managed by a primary care physician. Request for orthopedic consultation is therefore not medically necessary.