

Case Number:	CM14-0032049		
Date Assigned:	06/20/2014	Date of Injury:	06/01/2013
Decision Date:	08/14/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/13/2014

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 Illinois. 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 36-year-old male who reported an injury on 06/02/2013. The injury reportedly occurred when he was lifting a piece of metal weighing approximately 150 pounds from a truck bed. The piece of metal began to slip and the injured worker placed all the weight onto his arms in order to prevent the metal piece from scratching the car. The injured worker stated he felt a small amount of pain in his back and dismissed the discomfort he continued to work after the injury. He reported the incident at the end of the work day. Upon exam on 11/22/2013, the injured worker complained of headaches, neck pain, low back pain (radiating to the right leg, right shoulder pain, right lower extremity pain associated with numbness, tingling and weakness, and worsened by standing and walking more than 30 minutes, bending and kneeling), sexual dysfunction, depression and anxiety, sleep interruption, reduced daytime alertness and difficulty falling asleep. The injured worker stated his pain symptoms were better with injection of Toradol 60 mg. He had received 2 injections. He also stated that prescribed medications, physical therapy and chiropractic treatment had been helping. Upon exam dated 01/24/2014, the injured worker's symptoms showed the most significant change from previous visit. Cervical spine exam showed tenderness predominately over the right paracervical musculature. There was no spasm noted. Active range of motion was full. The lumbosacral spine showed tenderness at the L5-S1 spinous process. Seated straight leg raise was positive on the right. The right shoulder showed tenderness over the anterior shoulder joint. The Hawkin's Test was positive. The left shoulder showed positive for Popeye deformity. There was no tenderness noted. The injured worker had diagnoses of cervical spine strain/sprain, thoracic spine sprain/strain, lumbar spine strain/sprain and disc bulges at L4-5 and L5-S1 and foraminal narrowing, and internal derangement, bilateral shoulders, with SLAP lesion and labral tear. Diagnostic studies included an MRI of the left shoulder on 11/30/2013, an MRI of the lumbar

spine with flexion/extension on 10/12/2013, MRI of the right shoulder on 09/21/2013, an x-ray of the cervical spine on 09/11/2013, an x-ray of the lumbosacral spine on 09/11/2013, a x-ray of the right shoulder on 09/11/2013, an MRI of the lumbar spine without contrast on 08/03/2013. The current medication list was not provided. Prior treatments included 22 sessions of physical therapy, 12 sessions of chiropractic therapy, 10 sessions of acupuncture, medications, Toradol 60mg 2 injections and conservative care. The treatment request is for electro acupuncture 2 times a week for 4 weeks application of a modality 1 or more areas; infrared times 8, chiropractic treatment 1 time a week for 4 weeks for low back and bilateral shoulders; Omeprazole 20mg twice a day daily #30; Orthopedic surgeon referral; IF unit referral. The Request for Authorization Forms was dated 12/10/2013, 12/20/2013, and 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro Acupuncture two (2) times a week for four (4) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker has a history of back and shoulder pain. California MTUS states the criteria for acupuncture starting frequency and duration of the acupuncture with electric stimulation may be performed to produce functional improvement. The initial treatment is 3 to 6 treatments 1 to 3 weeks for up to 2 months. Treatment can be extended if functional improvement is documented. There is lack of information on the functional improvement of such acupuncture. The injured worker has received 10 acupuncture visits to date. The request is for an additional 8 visits which would exceed the guidelines recommendation. Also, there is lack of documentation to any functional improvement. As such, the request is not medically necessary.

Chiropractic treatment 1 x 4 for Low Back and Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Manipulation.

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

Decision rationale: The injured worker has a history of back and shoulder pain. The California MTUS recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. It is used to achieve positive objective measureable gains and functional improvement. For therapeutic care the trial is 6 visits over 2 weeks with evidence of objective functional improvement and up to 18 visits over 8 weeks. The injured worker has received at least 12 chiropractic treatments thus far. The request is for an additional 4 visits.

There is lack of documentation to the functional improvement from the use of chiropractic care. As such, the request is not medically necessary.

Omeprazole 20mg BID (twice a day/daily) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The injured worker has a history of back and shoulder pain. The California MTUS Guidelines suggest omeprazole for short term treatment. The guidelines also recommend for patients at risk for GI events over the age of 65, have prior history of peptic ulcer, concurrent use of SSRIs and NSAIDs. The lack of documentation to suggest the injured worker has any of the above risks for GI factors. As such, the request is not medically necessary.

Orthopedic Surgeon Referral: 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), Shoulder manipulation.

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

Decision rationale: ACOEM Guidelines suggest a referral for surgical consultation may be indicated for patients who have red flag conditions, active limitation for more than 4 months, a failure to increase range of motion and strength, or clear clinical and imaging evidence. The injured worker has received an MRI of the shoulder and along with acupuncture and chiropractic care for the shoulder and back. It is unclear as to the type of orthopedic surgical consult being requested. There is insignificant evidence as to a functional deficit while receiving therapies. There is no imaging to suggest the need for a surgical consult at this time. As such, the request is not medically necessary.

IF Unit Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 119.

Decision rationale: The injured worker has a history of back and shoulder pain. The California MTUS Guidelines suggest the Interferential Current Stimulation (ICS) unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction

with recommended treatments including returning to work, exercise, and medication and limited evidence of improvement of those documented treatments alone. There is no documentation that the unit would be in conjunction with work program for home or medications. As such, the request is not medically necessary.