MAXIMUS Federal Services

Case Number:	CM14-0036850		
Date Assigned:	07/25/2014	Date of Injury:	08/22/2013
Decision Date:	09/10/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 22, 2013.Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; at least six sessions of chiropractic manipulative therapy, per the claims administrator.In a Utilization Review Report dated March 3, 2014, the claims administrator approved the request for Motrin, denied a request for Protonix, denied a request for Valium, denied a request for transdermal compound, denied an orthopedic consultation for the shoulder, denied a pain management consultation for the shoulder and cervical spine, denied extracorporeal shockwave therapy for the shoulder, denied acupuncture, and denied chiropractic manipulative therapy. The claims administrator stated it was invoking non-MTUS ODG Guidelines. The claims administrator also invoked non-MTUS Chapter 7 ACOEM Guidelines which are mislabeled as originating from the MTUS. The claims administrator also invoked non-MTUS ODG Guidelines to deny Protonix despite the fact that the MTUS did address the topic. The applicant's attorney subsequently appealed.In a June 30, 2014 progress note, the applicant presented with shoulder, neck pain, lower leg pain, and psychological stress with anxiety, depression, and insomnia. The applicant denied any suicidal ideation, however. The applicant was given diagnoses of shoulder dislocation with resultant supraspinatus tendon partial tear and biceps tendon partial tear with glenoid labral tear. The applicant also had a mood disorder and cervical radiculopathy, it was stated. Naprosyn, Valium, and Protonix were endorsed while the applicant was placed off of work, on total temporary disability.On April 3, 2014, it was suggested that the applicant consider an epidural steroid injection through a pain management physician owing to ongoing cervical radicular complaints. On May 9, 2014, the applicant was again placed off of work, on total temporary disability.On

initial office visit of April 3, 2014, it was stated that the applicant had a history of gastritis and arthritis.On March 28, 2014, extracorporeal shockwave therapy was endorsed for right levator scapulae muscle dysfunction. Motrin, Protonix, Valium were prescribed. The applicant did state that she had issues with persistent stomach upset. The applicant was placed off of work, on temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Protonix are indicated to combat issues with NSAID induced dyspepsia. In this case, the applicant apparently has stand-alone dyspepsia associated with her history of gastritis. Employing pantoprazole or Protonix to combat the same is indicated. Therefore, the request is medically necessary.

Diazepam 5 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines of Chapter 15, page 402, anxiolytics such as Valium may be appropriate for brief, in cases of overwhelming symptoms, so as to afford an applicant with the opportunity to achieve brief alleviation or remittance in symptoms so as to recoup emotional and physical resources. In this case, however, the attending provider is seemingly employing diazepam, Valium for chronic, long-term, and/or scheduled use purposes, for anxiety, mood disturbance, and insomnia. This is not an appropriate usage of diazepam, per ACOEM. Therefore, the request is not medically necessary.

Orthopedic Consult for Right Shoulder and cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, page 127 and the Non-MTUS Official Disability Guidelines Neck and Shoulder Chapter - Evaluation & Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 180, 209.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 209, referral for such a consultation may be indicated for applicants who have evidence of a lesion amenable to surgical correction which has proven recalcitrant to exercise programs. In this case, the applicant has longstanding activity limitations involving the injured shoulder. The applicant is off of work, on total temporary disability. Conservative treatment has proven unsuccessful. The applicant has evidence of multiple labral tears and partial thickness rotator cuff tears, all of which could be amenable to surgical correction. Obtaining the added expertise of orthopedic surgeons to evaluate the applicant's left shoulder is indicated. Similarly, the attending provider has also stated that the applicant has radiographically proven cervical radiculopathy which likewise has proven recalcitrant to conservative therapy. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 180, surgical consultation is indicated for applicant's who have persistent, severe, disabling shoulder arm complaints with evidence of a lesion amenable to surgical correction. In this case, the applicant's radicular complaints have in fact, proven recalcitrant to time, medications, manipulative therapy, acupuncture, etc. Obtaining the added expertise of an orthopedic spine surgeon is indicated, for all the stated reasons. Therefore, the request is medically necessary.

Pain Management Consult for Right Shoulder and Cervical Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Evaluation & Management office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has multifocal chronic pain complaints. The applicant is off of work, on temporary disability. The applicant's pain complains have proven recalcitrant to conservative management. Obtaining the added the expertise of the pain management physician to evaluate the applicant's medication profile is indicated. Therefore, the request is medically necessary.

Extracorporeal Shockwave Therapy X 3 to Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203,Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines - ESWT.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that medium quality evidence supports extracorporeal shockwave therapy for the diagnosis of calcifying tendonitis of the shoulder, in this case, however, there is no concrete evidence that the applicant in fact carries a diagnosis of calcified tendonitis of the shoulder for which extracorporeal shockwave therapy would be indicated. Rather, the applicant has a variety of other diagnoses, including labral tear, rotator cuff tear, etc., which are not diagnoses for which extracorporeal shockwave therapy is explicitly endorsed, per ACOEM. Therefore, the request is not medically necessary.

Acupuncture 2 X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant has had prior acupuncture. As noted in the MTUS acupuncture treatment may be extended if there is evidence of functional improvement. In this case, however, the fact that the applicant is off of work, on total temporary disability, despite having completed earlier unspecified amounts of acupuncture implies a lack of functional improvement. It is further noted that the 12-session course of acupuncture does represent treatment two to four times that deemed necessary to affect functional improvement following introduction of the same. Therefore, the request is not medically necessary.

Chiropractic treatment with supervised Physiotherapy and Myofascial Release and Functional Restoration Program 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM guidelines Pain, Suffering and the Restoration of Function Chapter page 114.Official Disability Guidelines Neck/Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 173, 181, 203.

Decision rationale: The applicant has had prior unspecified amounts of chiropractic manipulative therapy per the claims administrator and the treating provider. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does not specifically address the topic of manipulative therapy for the shoulder and neck, the primary body parts implicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 177, physical manipulation for neck pain is considered optional early in the case only. In this case, the applicant is now several months removed from the date care was initiated. The applicant is, thus, outside of the optimum timeframe for manipulative treatment to be affective, per ACOEM. It is

further noted that ACOEM Chapter 8, page 173 states that manipulation and passive approaches should be incorporated within the context of functional restoration as opposed to for pain control purposes alone. In this case, the fact that the applicant is off of work, on total temporary disability, implies that the previous unspecified amounts of manipulative therapy have been unsuccessful. Similarly, the MTUS Guidelines in ACOEM Chapter 9, page 203 states that the period of treatment for applicants with frozen shoulder is limited to a few weeks as a result diminished with time. In this case, the applicant carries a diagnosis of a rotator cuff tear and labral tear of the shoulder. The applicant does not carry a diagnosis of frozen shoulder. It is further noted that the applicant is likewise several months removed from the date care was initiated. The applicant is, thus, outside the optimum timeframe for chiropractic manipulative treatment to be effective, per ACOEM. Therefore, the request is not medically necessary.

Transdermal Coumpounds: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical or transdermal compound such as the agents in question here. It is further noted that the attending provider has not even furnished the names or ingredients of the compounds in question. Therefore, the request is not medically necessary.

Computerized Tracker Range of Motion and Muscle Testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 170, 200.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 170, range of motion measurements of the neck and upper back are of limited value owing to marked variation in most applicants with and without symptoms. ACOEM Chapter 8, page 171 further stipulates that testing for muscle strength be performed via manual muscle testing as opposed to the computerized muscle testing being proposed by the attending provider. Similarly, the MTUS Guideline in ACOEM Chapter 9, page 200 suggests that range of motion be determined both actively and passively as opposed to via the computerized range of motion testing being sought here. Thus, there is no support for the computerized range of motion and/or muscle testing being sought by the attending provider in either ACOEM Chapter 8 or ACOEM Chapter 9. Therefore, the request is not medically necessary.