MAXIMUS Federal Services

Case Number:	CM14-0043401		
Date Assigned:	07/02/2014	Date of Injury:	09/12/2013
Decision Date:	08/22/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/10/2014

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 Illionis. 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 39-year-old male who reported an injury on 09/12/2013. The mechanism of injury was not specifically stated. Current diagnoses include cervical disc herniation with myelopathy, thoaracic disc displacement with myelopathy, lumbar disc displacement with myelopathy, sciatica, bursitis and tendinitis of the bilateral shoulders, and partial tear of the rotator cuff tendon. The injured worker was evaluated on 03/25/2014 with complaints of pain over multiple areas of the body. Previous conservative treatment was not mentioned. Physical examination on that date revealed 3+ spasm and tenderness in the cervical and lumbar spine, positive cervical distraction testing, decreased right tricep reflex, positive straight leg raising bilaterally, positive Kemp's and Braggard's testing bilaterally, positive Yeoman's testing bilaterally, decreased right hamstring reflex, decreased right Achilles reflex, 3+ spasm and tenderness in the bilateral upper shoulders, positive Codman's testing, positive Speeds testing, and positive supraspinatus testing. While it is noted that the injured worker has failed conservative treatment, the requesting provider only noted a failure of acupuncture therapy. The current medication regimen includes Tramadol 50 mg and naproxen sodium 550 mg. Treatment recommendations included a psychosocial factor screening, an MRI of the cervical and lumbar spine, an orthopedic consultation, and a work hardening screening period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nf Edition, 2004 page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, an orthopedic consultation was recommended for Cortisone injections into the bilateral shoulders based on MRI findings of inflammation in the bicep tendon. However, there were no imaging studies provided for this review. There is no mention of an attempt at any previous conservative treatment for the bilateral shoulders. Based on the clinical information recevied, the current request cannot be determined as medically appropriate at this time. As such, the request is not medically necessary.

Psychosocial Factors Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History & Physical Examination Page(s): 6-7, 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: California MTUS guidelines state psychological evaluations are recommended. Psychological evaluations should determine if further psychosocial interventions are indicated. As per the documentation submitted, there was no psychological examination provided for this review. Therefore, the medical necessity for the requested service has not been established. As such, the request is not medically necessary.

Naproxen Sodium 550 mg. # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There is no indicatation that this injured worker is currently suffering from an acute exacerbation that has not responded to acetaminophen. California MTUS guidelines do not recommend longterm use of NSAIDs. There was no frequency listed in the current request. As such, the request is not medically necessary.

Work hardening screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: California MTUS guidelines state work hardening is recommended as an option depending on the availability of quality programs. There should be documentation of a work related musculoskeletal condition with functional limitations. A functional capacity evaluation may be required. As per the documentation submitted, there is no indication that this injured worker has exhausted conservative treatment. There is no evidence of an adequate trial of physical or occupational therapy with improvement followed by a plateua. There was no functional capacity evaluation submitted for review. There was no documenation of a defined returned to work goal. Based on the clinical information submitted, the request is not medically necessary.