MAXIMUS Federal Services

Case Number:	CM14-0052893		
Date Assigned:	07/07/2014	Date of Injury:	06/04/2009
Decision Date:	08/21/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62-year-old female who reported an injury on 06/04/2009 due to an unspecified mechanism of injury. On 12/03/2013, the injured worker reported feelings of anxiety, depression, and anxiety related illusions. She stated that she first began to experience psychiatric symptoms when her right shoulder injury had failed to respond to medical treatment and she began to fear that her industrial right shoulder injury may prevent her from being able to continue adequately performing her work duties. She stated that they had improved in response to the conservative mental health treatment she received, but had subsequently become exacerbated and aggravated as she continued to perform her duties at work. On 12/13/2013, she reported constant neck pain that radiated into the head and into her clavicle on both sides, associated with numbness that was increased with movement and relieved by relaxing. She also reported bilateral shoulder pain greater on the left that radiated into her neck and head associated with tingling that radiated into the fingers of both hands; the pain was increased with typing, lifting, and carrying; and was relieved with relaxing and medications. A physical examination with objective findings was not performed. Diagnostic studies included an unofficial MRI of the right shoulder performed on 06/04/2009 and an MRI of the left shoulder performed on 01/05/2012 which reportedly revealed a partial thickness tear of the rotator cuff tendon with a significant amount of inflammation in the subacromial bursa and hypertrophic changes with increased signal at the AC joint. Surgical history was not provided. Her diagnoses included cervical spine mild degenerative disc disease at C2-7, right upper extremity radicular complaints, right trapezial myofasciitis, right shoulder partial thickness rotator cuff tear, bilateral shoulder impingement syndrome, left shoulder partial thickness tear of the rotator cuff tendon, depression and anxiety, and sleep difficulties. Her medications included Tramadol 50 mg and Mobic 7.5 mg.

Past treatments included medications, psychotherapy, and physical therapy. The treatment plan was for an MRI of the cervical spine and left shoulder, acupuncture for 6 visits of the cervical spine and bilateral shoulders, individual cognitive behavioral therapy for 6 additional sessions, and medication follow-up visits with the psychiatrist for 3 additional visits. The request for authorization form was signed on 04/18/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, /Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, MRIs.

Decision rationale: The MTUS/ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless there is a 3 or 4 week period of conservative care and observation fails to improve symptoms. Criteria for imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Based on the clinical information submitted for review, the injured worker does not fall into the criteria listed above to indicate the need for an MRI of the cervical spine. In addition, a proper physical examination was not done to show any significant functional deficits to indicate the need for an MRI of the cervical spine. The request is not supported by the guideline recommendations as there is a lack of documentation regarding significant functional deficits and a clear indication for its necessity. Given the above, the request is not medically necessary.

MRI, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Complaints, MRIs.

Decision rationale: The MTUS/ACOEM Guidelines state that primary criteria for ordering imaging studies of the shoulder are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. The Official Disability Guidelines state that indications for imaging of the shoulder with the use of an MRI include acute shoulder trauma with suspected rotator cuff tear or impingement over the age of 40 with

normal plain radiographs, subacute shoulder pain, suspected instability, or labral tear. A repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Based on the clinical information submitted for review, the injured worker had undergone an MRI of the left shoulder performed on 01/05/2012, that showed a partial thickness tear of the rotator cuff tendon with a significant amount of inflammation in the subacromial bursa and hypertrophic changes with increased signal at the AC joint. There was no documentation provided regarding the injured worker's condition at the time of the previous MRI to determine if there had been a significant change in symptoms. Without evidence of a significant change in symptoms since the previous MRI, the request for an additional MRI of the left shoulder would not be supported. As such, the request is not medically necessary.

Acupuncture; six (6) visits (1x6), cervicial spine and bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It was noted that the injured worker had previously attended physical therapy sessions; however, documentation regarding those sessions was not provided. The MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. Based on the clinical information submitted for review, it does not appear that the patient was nottolerating medications or planned to use acupuncture therapy as an adjunct to physical rehabilitation or to hasten recovery after a surgical intervention. In addition, a proper physical examination was not performed to provide evidence of significant functional deficits that would warrant the use of acupuncture therapy for treatment. Furthermore, the rationale for acupuncture therapy rather than physical therapy or a home exercise program is unclear, as it does not appear that the patient cannot perform either of the two. The request is not supported by the guideline recommendations as there is nothing to indicate its necessity. Given the above, the request is not medically necessary.

Individual cognitive behavioral therapy; six (6) additional sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: MTUS Guidelines state that behavioral interventions are recommended. For at risk patients, physical medicine should be the initial therapy for exercise instruction using a

cognitive motivational approach to physical medicine. A separate psychotherapy, cognitive behavioral therapy referral should be considered after 4 weeks if there is a lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks is recommended, with evidence of objective functional improvement, a total of 6 to 10 visits over 5 to 6 weeks of individual sessions is recommended. Based on the clinical information submitted for review, it does not appear that the injured worker had any significant improvement with the psychotherapy sessions she had already attended. In addition, it is unclear if there was a lack of progress made with her physical therapy program to indicate the need to try cognitive behavioral therapy. The request is not supported by the guideline recommendations. Given the above, the request is not medically necessary.

Medication follow up visits with psychiatrist; three (3) additional: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines state that office visits are recommended. The need for a clinical office visit is individualized based on a review of the patient's concerns, signs and symptoms, and clinical stability. It also depends on which medications the patient is taking, since medications such as opiates, or medicines such as certain antibiotics require close monitoring. Based on the clinical information submitted for review, the injured worker was not exhibiting behaviors such as aberrant drug taking behaviors or was noted to be at risk for not complying with her medication regimen. Without documented evidence of why the injured worker needed medication follow up visits with a psychiatrist and not her primary treating physician, the request would not be supported. Given the above, the request is not medically necessary.