

Case Number:	CM14-0055183		
Date Assigned:	07/07/2014	Date of Injury:	03/01/2013
Decision Date:	09/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 52 year old male who sustained injuries to his left shoulder and low back while performing his usual and customary job duties while unloading trucks. The injured worker complained of low back pain that is increased while performing activities of daily living. Physical examination noted range of motion of the lumbar spine and left shoulder was restricted; palpatory tenderness along the paraspinal muscles of the lumbar spine and along the bilateral rotator cuffs. Treatment to date has included acupuncture, chiropractic manipulation treatment, myofascial release, medications, time off work, activity modifications and work restrictions. The injured worker stated that therapy is helpful, but he continued to have complaints of low back pain with occasional radiation to the bilateral lower extremities and left shoulder joint pain that is increased with activities. The injured worker was diagnosed with left shoulder sprain/strain, sprain/strain of the lumbosacral sprain and lumbago and was recommended to continue care with orthopedic and continue acupuncture 1 x a week x 4 weeks and follow up with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 follow up with pain management: 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), Pain (Chronic).

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

Decision rationale: The request for 1 follow up with pain management is not medically necessary. The provider's most recent 03/25/14 report did not document that the injured worker was using or requiring any prescription pharmacological management. The injured worker considered therapy to be helpful and although the injured worker reported his pain with increased with activities; there was no documentation of substantive limitations in his functional ability. After reviewing the submitted documentation, there was no additional significant objective clinical information provided for review that would support reversing the previous adverse determination. Given this, the request for one follow up with pain management is not indicated as medically necessary.

1 co-care orthopedic visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

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

Decision rationale: The request for 1 co-care orthopedic visit is not medically necessary. There were no documented red flags upon examination. Although the injured worker does have chronic pain complaints in his low back and left shoulder; he has described improvement with care and has recently reported the radiation to the bilateral lower extremities is occasional. There were no positive neurological findings upon physical examination to take into consideration. His condition does not appear to have progressively deteriorated over time and his current diagnoses are lumbago and sprains/strains of the low back and left shoulder. After reviewing the clinical documentation provided, there was no additional significant objective clinical information provided for review that would support reversing the previous adverse determination. Given this, the request for co-care orthopedic visit is not indicated as medically necessary.