

Case Number:	CM14-0060972		
Date Assigned:	07/09/2014	Date of Injury:	04/15/2006
Decision Date:	08/21/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/01/2014

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 Interventional Spine 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 patient is a 60-year-old female with a date of injury of 09/15/2006. The listed diagnoses per [REDACTED] are: 1. Low back pain. 2. Left shoulder pain. 3. Neck pain. 4. Left shoulder subacromial decompression (date unknown). According to progress report 03/21/2014 by [REDACTED], the patient presents with pain in the left shoulder rated 7/10 on pain scale, bilateral hands rated 6/10, neck pain rated as 6/10, and low back pain rated 10/10. The patient also reports headaches at all time. There is a decreased range of motion in the left shoulder and lumbar spine. There is an emergency department physician report by [REDACTED] from 03/18/2014 which reports the patient has a history of left shoulder surgery and chronic back pain secondary to a work accident from 2007. The patient presents to the emergency department complaining of chronic low back pain. The patient is currently using a muscle stimulator with minimal relief. The patient reports that she is unable to take pain medications due to side effects. The patient is ambulating without difficulty. There are no neurologic deficits noted. The patient was diagnosed with chronic back pain and discharged in stable condition. The request is for left shoulder physical therapy 2 times a week for 4 weeks, MRI of the lumbar spine, MRI of the cervical spine, and lumbar spine x-ray. Utilization Review denied the request on 04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder physical therapy 2 x 4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pages 98,99 has the following Page(s): 98, 99.

Decision rationale: The patient presents with chronic low back, neck, and left shoulder pain. Medical history includes left shoulder subacromial decompression. The date of surgery is not indicated in the medical file. The treating physician is requesting left shoulder physical therapy 2 times a week for 4 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. Given the patient's chronicity of injury, it is likely the patient has had prior physical therapy. Review of the medical records does not indicate the patient has had formal physical therapy in the recent past. In this case, the patient has continued complaints of pain and decreased range of motion. Given the lack of any documented formal physical therapy in the recent past, a short course of 8 sessions may be indicated. Request is medically necessary and appropriate.

Lumbar spine and cervical spine MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 172, 182. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 177, 178.

Decision rationale: This patient presents with chronic low back, neck, and left shoulder pain. The treating physician is requesting an MRI of the lumbar spine without contrast. The medical file includes an MRI of the lumbar spine from 08/25/2010 which revealed loss of intervertebral disk height and disk desiccation at L4-L5 and L5-S1, endplate Modic type 1 changes seen at L4-L5 and L5-S1, L5-S1 3-mm disk protrusion and L4-L5 level 3.2-mm disk protrusion. For special diagnostics, ACOEM Guidelines page 303 states unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the treating physician would like an updated MRI for patient's continued symptoms. However, there are no new injuries, no significant changes in examination, no bowel/bladder symptoms, no new location of symptoms requiring additional investigation. Request is not medically necessary.

Lumbar spine x-ray: Upheld

Claims Administrator guideline: Decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 303 and on the Non-MTUS ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision on the Non-MTUS Official Disability Guidelines (ODG) X-rays, Lumbar spine.

Decision rationale: The MTUS and ACOEM Guidelines do not specifically discuss x-rays for the lumbar spine. However, ODG Guidelines has the following regarding radiograph x-rays; Lumbar spine radiographs should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persistent for at least 6 weeks. In this case, the patient does not present with serious bodily injury, neurological deficit from trauma or suspected fracture to warrant an x-ray of the lumbar spine. Request is not medically necessary.