

<b>Case Number:</b>	CM14-0079414		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/15/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 47-year-old female who was reportedly injured on 01/15/2012. The mechanism of injury is listed as the injured worker helping loss prevention officer in placing thief in handcuffs when she was punched on the right side of her face, causing her to fall to the floor where she felt her neck snapped backwards causing her head to strike the tile floor. An immediate onset of pain was felt. The injured worker was diagnosed with a concussion. The injured worker has undergone a radiofrequency ablation which reduced pain by 75% and improved mobility significantly. Previous treatments include shoulder injections, epidurals, trigger point injections, physical therapy and acupuncture which did not provide lasting relief. Last progress report dated 03/19/2014 noted the injured worker complaining of constant sharp, stabbing pain to the right neck radiating down to her finger and middle of the back with intermittent numbness and tingling in the right upper extremity. Cervical spine rotation to the right causes excruciating pain. Difficulty noted with gripping, grasping, lifting, pushing, pulling and lifting anything greater than 5 pounds. Limited difficulties noted by the injured worker doing activities of daily living. Uses ice to alleviate pain until area of pain is numb after which increased mobility. X-rays of the cervical spine showed evidence of C5-C6 osteophyte formation and moderate to severe spondylosis. Shoulder range of motion is to 30 degrees in both abduction and flexion in the right, the left was normal 0 to 180 degrees in abduction and flexion in both passive and active planes. Scapular motion is full in both protraction and retraction. Impingement test is positive on the right and negative on the left. Waitress provocation test is negative bilaterally. A request was made for a magnetic resonance image to the right shoulder, methadone 5mg one by mouth twice a day and was not certified on 04/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MRI

**Decision rationale:** The injured worker has a right shoulder magnetic resonancer image (MRI) on 2/29/12 which revealed supra and infraspinatous tendinosis without evidence of a rotator cuff tear or instability. There was second MRI of thr right shoulder on 11/16/2012 which revealed supraspinatous tendinosis with associated bursitis. After long protracted treatment with different providers, she came under the care of a treating physician on 3/19/2014 who requested a repeat MRI of the right shoulder with a clinical diagnosis of bursitis. Musculoskeletal examination of the shoulders revealed 0-180 degrees abduction and flexion, Internal rotation of 70 degrees and 90 degrees external rotation bilaterally. Impingements tests were negative. Scapular motion was noted to be full. These are not the objective findings consistent with a request for repeat MRI of the right shoulder. Therefore given the lack of significant objective findings, the request for repeat (3rd) MRI of the Right Shoulder is not medically necessary.

**METHADONE 5MG 1 PO BID:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Methadone

**Decision rationale:** The most recent exam by [REDACTED] on 3/19/14 reveals the right upper extremity to have atrophy with vasomotor changes as well as allodynia. This is consistent with a clinical presentation of Complex Regional Pain Syndrome/Reflex Sympathetic Dystrophy. The treatment plan outlines the need for cervical stellate ganglion block in order to buttress the clinical diagnosis. There has been a formal pain Medication contract explained and the injured worker has signed and acknowledged the necessary monitoring and actions to prevent diversion and/or misuse. Since the injured worker is forbidden to seek all other prescribers for analgesics, the initiation of methadone is reasonable in an attempt to gain pain control for this diagnosis. Therefore the requested Methadone 5mg twice a day is medically necessary.