

<b>Case Number:</b>	CM14-0085076		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/10/1989
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Occupational 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:

According to the provided records, this patient is a 51 year-old female with a date of injury of 10/10/1989. The 4/28/14 narrative medical report for examination date of 4/21/14 was provided for this review which may not have been available at the time of the original utilization review determination. This indicated that the patient was seen for flare up of lower back and bilateral shoulder complaints. There was no documentation of any new specific trauma or injury. Report states the patient had last been seen at the time of the final examination of 6/6/11 when she was employed working regular duties with the same employer. Current flare-up did not improve with self-treatment measures which apparently included a home exercise program and over-the-counter medications. On the exam of the back there was some tenderness with guarding and muscle spasm. Range of motion was reduced. Shoulders had tenderness in the subacromial region, slightly positive impingement and cross arm test, some reduced range of motion. There is also left hip pain with normal range of motion. Neurologic examination shows intact sensation and muscle strength. Reflexes were normal. Diagnosis was lumbosacral musculoligamentous sprain/strain and left sacroiliac joint sprain; bilateral shoulder impingement syndrome and parascapular myofascial strain; minimal bilateral shoulder AC DJD; left hip greater trochanteric bursitis; cervical/trapezial musculoligamentous sprain/strain, thoracic spine strain/sprain; bilateral elbow medial lateral epicondylitis not reexamined; bilateral form wrist and hand flexor and extensor tendinitis not reexamined TMJ dysfunction deferred; history of global body pains and diagnosis of fibromyalgia; history of insomnia. The report concluded that the patient has had a significant flare-up of her orthopedic residuals requiring treatment. In addition to the current request under review, patient was prescribed Voltaren XR.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**eight (8) physical therapy visits:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** MTUS guidelines indicate that active therapies along with some passive therapy help control swelling, pain and inflammation during the rehabilitation process. For flare of chronic pain, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. For myalgia and myositis, 9-10 visits over 8 weeks are recommended, for neuralgia neuritis and radiculitis, 8-10 visits over 4 weeks are supported. In this case, the patients are pain in the shoulders and back prominently, 2 separate body parts. 8 sessions to address this treatment is reasonable. Therefore, based upon the evidence and guidelines, this request is medically necessary.

**Sixty (60) Norco 2.5/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-77.

**Decision rationale:** MTUS chronic pain guidelines state that opiates should not be employed until there has been failure of first-line analgesics. That is not documented in the medical records provided. Patient has just begun a trial of prescription non-steroidal anti-inflammatory drug. Therefore, based on the evidence and the guidelines, this request is not medically necessary.

**One (1) X-ray bilateral 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): 207.

**Decision rationale:** There was recent onset of shoulder pain with no trauma. There is no indication of any red flags such as fracture or dislocation. No indication for any concern for malignancy. There is no failure of treatment. ACOEM guidelines do not support radiographs given that clinical presentation. Therefore, based upon the evidence and the guidelines this request is not medically necessary.

**One (1) X-ray lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The patient had a previous history of chronic low back pain. There is a recent acute flare-up without a precipitating trauma. There has not been any recent treatment thus any recent treatment failure. There are no red flags documented. This presentation does not meet ACOEM guidelines criteria for radiographs and therefore based upon the evidence and the guidelines this request is not medically necessary.