

<b>Case Number:</b>	CM14-0167351		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	12/07/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53 year old female, who sustained an industrial injury on 12/7/2010. Currently she reported pain with numbness/tingling to the left upper extremity, increased with prolong posturing of head and abrupt cervical spine movements, and decreased with rest, medications and home exercise program; also that she wished to consider invasive treatment. The injured worker was diagnosed with, and/or impressions were noted to include, rule out adhesive capsulitis; severe left acromioclavicular joint degenerative disease with chronic, left shoulder, subacromial impingement syndrome; cervical spine "trap". Treatments to date have included consultations, diagnostic chest x-ray (10/29/13), left shoulder x-ray, and magnetic resonance imaging study of the bilateral shoulders (1/23/12); left shoulder arthroscopy (1/15/14); post-operative physiotherapy/chiropractic treatments - left shoulder, & home exercise program; successful right shoulder ultrasound guided injection (7/22/14); activity modifications; and medication management. Current progress notes indicate an industrial complaint history that included: right shoulder and cervical spine pain, with difficulty sleeping; and improved left shoulder pain with persistent weakness, post-arthroscopy, increased with activities of lifting, pushing and pulling; and cervical spine spasms. The 8/27/2014 notes state her pain is significantly improved with her medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800 MG #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** I respectfully disagree with the UR physician. The MTUS does not mandate documentation of significant functional benefit for the continued use of NSAIDs. Motrin is indicated for the injured worker's neck and shoulder pain. The request is medically necessary.

**Sonata 10 MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website: [www.drugs.com](http://www.drugs.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress, Sonata.

**Decision rationale:** The Official Disability Guidelines recommends that usage of Sonata be limited to six weeks time as there is concern that they can be habit-forming and may impair function and memory. There is also concern that they may actually increase pain and depression over the long-term. A review of the attached medical record indicates that this medication has been prescribed for an extended period of time. As such, this request for Sonata is not medically necessary.

**Cervical Spine MRI:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, MRI.

**Decision rationale:** I respectfully disagree with the UR physician. The official building guidelines recommends an MRI the cervical spine if there are complaints and physical examination findings of a radiculopathy. The progress note dated August 27, 2014 includes a complaint of cervical spine pain radiating to the left upper extremity and there are physical examination findings to include a positive left sided Spurling's test and decreased sensation at the C7 and C8 dermatomal distributions. Considering these complaints and findings, this request for an MRI the cervical spine is medically necessary.

**Left Shoulder Diagnostic Ultrasound:** 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), Shoulder chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Ultrasound.

**Decision rationale:** The official disability guidelines indicates that both ultrasound and MRI have comparable high accuracy for identifying biceps pathologies and rotator cuff tears. The attached medical record indicates the injured employee has already had an MRI of both shoulders. Without justification to pursue an additional objective study, this request for left shoulder ultrasound is not medically necessary.