MAXIMUS Federal Services

Case Number:	CM14-0192247		
Date Assigned:	11/25/2014	Date of Injury:	09/19/2014
Decision Date:	05/12/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old male who reported an injury on 09/19/2014. The mechanism of injury was pulling cases of 24 packs of water and pulling the hand truck without a ramp. He pain when he raised his left arm and felt swelling and tingling in the hand. He felt a popping sensation in the left shoulder when he was pulling the hand truck. The injured worker rated his continued pain to the left shoulder at 5/10, and with use, it varies up to 10/10. He continued to report popping of the left shoulder with use. The day following the injury, he developed right sided low back pain with radiation into the right groin. He reported swelling in his low back with a constant pain rated at a 10/10. He also had complaints of constant pressure with radiation into the right groin and into the anterior and medial right thigh, stopping above the knee level. He had complaints of numbness in the entire left leg to his toes. His pain medications included nabumetone. His treatments included physical therapy and work modification. On physical examination, it was noted that the injured worker in forward flexion was not able to reach his toes by 23 inches. Active range of motion of the lumbar spine was measured at left lateral flexion at 25 degrees, right lateral flexion at 35 degrees, left rotation and right at 50 degrees, extension at 10 degrees, and flexion at 40 degrees. left shoulder active range of motion was measured at external rotation at 90 degrees, abduction at 25 degrees, internal rotation at 90 degrees, abduction at 30 degrees, flexion at 35 degrees, and extension at 25 degrees. The injured worker had x-rays of the lumbosacral spine that revealed mild degenerative spurring at L2-4. His

diagnoses included shoulder bursitis, shoulder sprain, and sprain of lumbar region. His treatment plan included physical therapy, ice packs, elevate affected extremity, a home exercise program, lumbar support, and a shoulder sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. If physiological evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. As the documentation does not indicate response to physical therapy, the request for an MRI of the lumbar spine without contrast is not medically necessary.

MRI of the left shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for an MRI of the left shoulder without contrast is not medically necessary. The ACOEM Guidelines state the primary criteria for ordering imaging studies include an emergence of a red flag, physiological evidence of a tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of an anatomy prior to an invasive procedure. As there was a lack of documentation regarding progress with physical therapy, the emergence of red flags, or physiological evidence of tissue insult or neurovascular dysfunction, the request for an MRI of the left shoulder without contrast is not medically necessary.

Tens unit; 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: The request for a TENS unit 30 day trial is not medically necessary. The California MTUS Guidelines state that TENS units are not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration, for the conditions described below: CRPS 2, CRPS 1, neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. There was a lack of documentation regarding any of these diagnoses for this injured worker. Therefore, the request for a TENS unit 30 day trial is not medically necessary.

Chiropractic treatment 2 times a week for 4 weeks to the low back and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The request for chiropractic treatment 2 times a week for 4 weeks to the low back and left shoulder is not medically necessary. The California MTUS Guidelines state that manual therapy and manipulation are recommended as an option for the low back and the shoulder for a trial of 6 visits over 2 weeks. With documented evidence of objective functional improvement, a total of up to 18 visits may be authorized. However, the request is for 8 visits, which exceeds the guideline recommendations. Therefore, the request for chiropractic treatment 2 times per week for 4 weeks to the low back and left shoulder is not medically necessary.