

Case Number:	CM14-0198339		
Date Assigned:	12/08/2014	Date of Injury:	05/28/2011
Decision Date:	01/23/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/25/2014

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 Orthopedic Spine Surgery and is licensed to practice in New York. 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 61-year-old who has chronic back pain. The patient had cervical surgery in 2012. The patient continues to have neck pain and low back pain. The patient also has left shoulder pain. On physical examination the left shoulder has painful range of motion and is a positive O'Brien's test. Cervical range of motion is reduced. Lumbar range of motion is reduced. The patient has tenderness to the neck and the back on palpation. The patient takes archives for pain. The patient continues to have chronic pain of the back neck and left shoulder. At issue is whether additional treatment modalities are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and PT 3 x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

Decision rationale: The medical records do not document the extent of physical therapy that the patient has already had. The patient has had physical therapy in the past since his neck back and shoulder injury occurred. The patient has a date of injury of 2012. Functional improvement with

previous physical therapy is not clearly documented. The extent of the patient's previous physical therapy is medically documented. Additional physical therapy is not appropriate as per established guidelines. The request is not medically necessary.

Ultracet (unspecified) and pain patch (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS chronic pain treatment guidelines do not recommend narcotic use for chronic pain conditions. This patient has chronic neck pain back pain and shoulder pain. The patient had previous narcotic therapy. Functional improvement is not clearly documented from previous narcotic therapy. Therefore, additional narcotic therapy for chronic pain is not recommended as per guidelines. Medical necessity for additional narcotic therapy not met.

Caudal epidural steroid injections at L3-4 and L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: MTUS and ODG guidelines do not recommend the use of epidural steroid injections for patients without documented radiculopathy on physical examination and without evidence of clear correlation between MRI imaging studies and physical examination show radiculopathy. This patient does not have specific radiculopathy on imaging studies or physical examination. Epidural steroid injection not medically necessary.

Left shoulder arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The medical records do not document specific physical examination showing abnormalities that correlate to MRI imaging study showing abnormality. There is no documented complete rotator cuff tear. There no red flag indicators for shoulder surgery. In addition, a recent trial and failure of conservative measures to include physical therapy is not documented. More conservative measures are needed for the patient's shoulder pain.