

Case Number:	CM14-0204075		
Date Assigned:	12/16/2014	Date of Injury:	06/03/1998
Decision Date:	02/11/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/05/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of June 3, 1998. In a Utilization Review Report dated November 26, 2014, the claims administrator failed to approve request for home health care, transportation to and from all medical appointments, and bilateral shoulder corticosteroid injections. Various medications, including Celebrex, Zanaflex, Lidoderm, and Butrans were apparently approved, however. The claims administrator referenced an RFA form received on November 24, 2014 in its determination. In a handwritten note dated April 29, 2014, difficult to follow, not entirely legible, the applicant presented with bilateral shoulder pain complaints, neck pain, mid back pain, and low back pain. The applicant was not working, was kept off of work, on total temporary disability. Thermophore heat wraps, a diagnostic shoulder ultrasound, Neurontin, Zanaflex, Lidoderm, methadone, and Neurontin were all apparently renewed while the applicant was kept off of work. The note was very difficult to follow. In an RFA form dated July 8, 2014, the attending provider sought authorization for Norco, continued home health care on an indefinite basis, and continued transportation to and from all medical appointments. In a July 21, 2014 progress note, the applicant apparently consulted a neurosurgeon. The applicant reported ongoing complaints of neck pain radiating into the bilateral arms. The applicant had been on disability for several years, the treating provider acknowledged, and had an indwelling spinal cord stimulator. The applicant was nevertheless independently ambulatory, exhibited 5/5 upper and lower extremity strength, and exhibited a normal, symmetric gait. Lumbar MRI imaging was sought. The applicant's neurosurgeon suggested that the applicant have the spinal cord stimulator removed and then obtain lumbar MRI imaging to evaluate suspected spinal stenosis. Shoulder MRI imaging of October 3, 2014 was notable for a right shoulder partial-thickness rotator cuff tear. On

October 30, 2014, the applicant did undergo explantation of a spinal cord stimulator. In a handwritten note dated November 10, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of bilateral shoulder pain, neck pain, mid back pain, and low back pain. The applicant had been symptomatic for many years and had alleged development of symptomatology owing to cumulative trauma at work. Ultrasound-guided shoulder corticosteroid injections were sought while Neurontin, Zanaflex, Celebrex, Lidoderm patches, and Butrans were renewed. The attending provider suggested that the applicant needed to receive both home health assistance and transportation to and from all medical appointments indefinitely.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care 24 hours a day times 7 days a week for an indefinite basis: 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 Home Health Services topic Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Here, however, there was/is no clear or compelling evidence that the applicant is homebound. Rather, it appears that the applicant is traveling between [REDACTED] and [REDACTED] on a regular basis. The applicant is apparently receiving care from a neurosurgeon in [REDACTED] and an orthopedist in [REDACTED]. The applicant was described as exhibiting a normal gait on at least one occasion, referenced above. It does not appear, in short, that the applicant is homebound. Furthermore, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that home-based medical treatment does not include services such as cooking, cleaning, household chores, etc., i.e., the services seemingly being sought here. Therefore, the request is not medically necessary.

Transportation to/ from all medical appts: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter, Transportation topic.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The medical transportation at issue, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility.

While ODG's Knee and Leg Chapter, Transportation topic does recommend transportation to and from appointments in applicants who have disabilities or impairments which prevent or preclude self-transport, in this case, there was/is no clear or compelling evidence that the applicant has disabilities and/or impairments which render her incapable of self-transport. She appears to be traveling to and from [REDACTED] and [REDACTED] on a fairly frequent basis. Neither the treating provider based in [REDACTED] nor the treating provider based in [REDACTED] identified any disabilities or impairments which would prevent, preclude, or reduce the applicant's ability to transport herself to and from appointments via car, public transportation, or taxi. The applicant was, furthermore, described as exhibiting a normal gait on at least one occasion, referenced above. Therefore, the request is not medically necessary.

Bilateral Shoulder Subacromial Injections under Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 213. Decision based on Non-MTUS Citation Ultrasound-Guided Steroid Injections for Shoulder Pain.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, prolonged or frequent usage of cortisone injections into the subacromial space of the shoulder joint is deemed "not recommended." Here, the attending provider handwritten progress notes contained little to no narrative commentary and did not furnish a log or summary of what treatment or treatments had transpired to date. Based on the chronicity of the applicant's complaints and stated date of injury of June 3, 1998, seemingly suggest that the applicant had been symptomatic for a span of several years and had likely had prior shoulder corticosteroid injection therapy at some point in time. The fact that the applicant was off of work, on total temporary disability, coupled with the fact that the applicant remained dependent on so many different opioid and non-opioid medications, including Butrans, Celebrex, Zanaflex, Lidoderm, etc., suggested a lack of functional improvement as defined in MTUS 9792.20f, despite presumed shoulder corticosteroid injection therapy at an earlier point in time. The MTUS does not address the topic of ultrasound-guided corticosteroid injections. American Family Physician (AAFP), however, noted in October 2013 that ultrasound-guided corticosteroid injections provided no advantage over landmark-guided injections in terms of pain, function, or range of motion. For all of the stated reasons, then, the request is not medically necessary.