

Case Number:	CM14-0206751		
Date Assigned:	12/18/2014	Date of Injury:	12/04/2008
Decision Date:	02/13/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/10/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab 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 patient is a 51 year old male with date of injury 12/04/08. The treating physician report dated 10/15/14 indicates that the patient presents with pain affecting his low back which radiates into the bilateral legs (right side being greater than the left), right leg pain which radiates into the toes and causes numbness/tingling, left leg pain which radiates into the buttocks, and left shoulder pain. (67) The physical examination findings reveal severe tenderness at L3-S1, positive Kemp's Test, positive Valsalva Maneuver, lumbar spine extension was 5 degrees, and tenderness over the bilateral ankles. Prior treatment history includes bilateral sacroiliac joint rhizotomy, bilateral sacroiliac joint infusion, home exercises, A.M.E in psychiatry, chiropractic, physical therapy, and medications. The current diagnoses are: 1. Lumbar Disc Disease2. Lumbar Facet Syndrome3. Lumbar Radiculopathy 4. Sprain of Sacroiliac Ligament5. Sprain of Medial Collateral Ligament of Knee6. Other Tenosynovitis of Hand and WristThe utilization review report dated 11/17/14 denied the request for Norco 10/325mg #180, Physical Therapy- Left Shoulder 2 x 4, and Ultrasound- Left shoulder based on guideline criteria not being met and lack of sufficient clinical information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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 Opioids Page(s): 75-91.

Decision rationale: The patient presents with pain affecting his low back which radiates into the bilateral legs (right side being greater than the left), right leg pain which radiates into the toes and causes numbness/tingling, left leg pain which radiates into the buttocks, and left shoulder pain. The current request is for Norco 10/325mg #180. The treating physician states that the patient rates the pain as 5/10 with medication and 8-9/10 without medications. The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's, as well as "pain assessment." In this case, the treating physician has documented that the patient has had somewhat decreased pain with the use of Norco and has been on Norco since at least 06/09/14 but did not state if the patient was having any side effects, functional improvement, or aberrant behavior. The MTUS guidelines require much more thorough documentation for continued opioid usage. Therefore, the request is not medically necessary.

Physical Therapy- Left Shoulder 2 x 4: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting his low back which radiates into the bilateral legs (right side being greater than the left), right leg pain which radiates into the toes and causes numbness/tingling, left leg pain which radiates into the buttocks, and left shoulder pain. The current request is for Physical Therapy- Left Shoulder 2 x 4. The treating physician states, "The patient has failed conservative treatment in the form of physiotherapy, chiropractic manipulation, medication, rest, and home exercise." (73) MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treating physician is requesting 8 sessions of physical therapy but there is no documentation of prior number of physical therapy visits, new injury, or flare up that would make this request medically necessary. Therefore, the request is not medically necessary.

Ultrasound- Left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ultrasound, diagnostic

Decision rationale: The patient presents with pain affecting his low back which radiates into the bilateral legs (right side being greater than the left), right leg pain which radiates into the toes and causes numbness/tingling, left leg pain which radiates into the buttocks, and left shoulder pain. The current request is for Ultrasound- Left shoulder. The treating physician states, "Shoulder Ultrasound Rotator Cuff, Sub-Acromial Deltoid Bursa, A/C Joint." (60) MTUS guidelines do not address diagnostic ultrasounds. The ODG guidelines state, "The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears." In this case, the treating physician has not documented any suspicion of a rotator cuff tear, there are no physical examination findings to indicate shoulder pathology, there are no red flags for imaging and there is no diagnosis of a shoulder problem. The current request for diagnostic ultrasound of the left shoulder is not medically necessary.