

Case Number:	CM15-0130170		
Date Assigned:	07/16/2015	Date of Injury:	03/29/2007
Decision Date:	08/19/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/06/2015

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 56-year-old male, who sustained an industrial injury on 03/29/2007. He has reported injury to the neck, bilateral shoulders, and low back. The diagnoses have included cervical spine sprain/strain; thoracic spine sprain/strain; status post lumbar spine surgery with residual pain and failed back surgery syndrome; lumbar facet arthropathy, L2-3, L3-4, L4-5, L5-S1, more on the left side; testicular pain and inguinal pain that started after lumbar spine surgery; right shoulder impingement syndrome, rule out internal derangement; and lumbar radiculopathy L4 and L5 dermatomes with some S1 contribution. Treatment to date has included medications, diagnostics, injections, acupuncture, surgical intervention, and physical therapy. Medications have included Hydrocodone, Lyrica, Lidoderm patches, OxyContin, Zolpidem, and Pantoprazole. A progress report from the treating physician, dated 05/29/2015, documented a follow-up session with the injured worker. Currently, the injured worker complains of constant low back pain that goes to a level from 7/10 to 8-9/10 on the pain scale; the pain radiates to the upper and mid back as well as the lower extremity more to the right to the level of the foot; his pain is radiating to the left side as of late as well, but it doesn't go below the knee; the right shoulder pain is at a level of 7-8/10; it is worse with any lifting over 5 to 10 pounds, and he cannot reach above the shoulder level; he feels a lot of pain in the scapula; pain in the left shoulder that is not as severe; constant pain the neck, going to a level of 5-6/10 and is sharp and burning intermittently; persistent pain radiating to the testicle; there is mild limitation of activities of daily living; he has some difficulty sleeping as well; and it is noted that physical therapy and acupuncture treatments have been helpful in the past. Objective findings included cervical spine range of motion is decreased; pain on the spinous processes of C5 to C7 on the midline and the facets of C3 to C6 more on the right with mild paracervical muscle spasm; lumbar spine range of motion is decreased; pain on the spinous processes of L4-5, L5-S1 on the midline; pain on the facets of L3-4, L4-5, L5-S; more exquisite pain on the L5-S1 facet

bilaterally more on the left with muscle spasm from T12 to L5 of moderate intensity; sacroiliac joint compression test elicits 1+ pain bilaterally; on range of motion the pain is radiating to the testicle more to the left side; straight leg raise, Lasegue's, and Fabere's tests are positive; decreased sensation on the dermatomes of L4 and L5 with some mild on the S1 level; bilateral shoulder range of motion is decreased, worse on the left with pain; pain on the glenoid capsule anterior aspect as well as the acromioclavicular joint; and Neer test is positive on the right. The treatment plan has included the request for ortho referral; physical therapy 2x4; and acupuncture 2x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho referral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 127; Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with low back pain radiating to upper and mid back as well as the lower extremities rated 7-9/10. The right shoulder pain is rated 7-8/10. Pain in right side of neck is rated 5-6/10. The patient reports pain radiating to the testicle. The request is for Ortho Referral. The request for authorization is not provided. MRI of the right shoulder, 02/10/15, shows complete tear of the supraspinatus tendon with 25 mm tendinous retraction; infraspinatus tendinosis; acromioclavicular osteoarthritis. Patient's medications include Lyrica, Pantoprazole, Hydrocodone/APAP, Citalopram, Zolpidem, Clonazepam, Lovastatin, Metformin and Lidocaine Patches. Per progress report dated 05/29/15, the patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per progress report dated 05/29/15, treater's reason for the request is "for the right shoulder." In this case, the patient continues with right shoulder pain and cannot reach above the shoulder level. He feels a lot of pain in the scapula. There is pain on the glenoid capsule anterior aspect as well as acromioclavicular joint. Neer test is positive on the right. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Ortho Referral. Given the patient's condition, the request for a referral appears reasonable. Therefore, the request is medically necessary.

Physical therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The patient presents with low back pain radiating to upper and mid back as well as the lower extremities rated 7-9/10. The right shoulder pain is rated 7-8/10. Pain in right side of neck is rated 5-6/10. The patient reports pain radiating to the testicle. The request is for Physical Therapy 2X4. The request for authorization is not provided. MRI of the right shoulder, 02/10/15, shows complete tear of the supraspinatus tendon with 25 mm tendinous retraction; infraspinatus tendinosis; acromioclavicular osteoarthritis. Patient's medications include Lyrica, Pantoprazole, Hydrocodone/APAP, Citalopram, Zolpidem, Clonazepam, Lovastatin, Metformin and Lidocaine Patches. Per progress report dated 05/29/15, the patient is temporarily totally disabled. MTUS, post-surgical guidelines pages 24-25, recommend 24 visits over a period of weeks for patients undergoing knee arthroplasty. The post-surgical time frame is 4 months. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. Treater does not discuss the request. Given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, UR letter dated 06/15/15, reviewer states, "there is documentation of 16 previous physical therapy treatments." The request for 8 additional sessions of physical therapy would exceeds what is recommended by MTUS for non post-op conditions. Therefore, the request is not medically necessary.

Acupuncture 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with low back pain radiating to upper and mid back as well as the lower extremities rated 7-9/10. The right shoulder pain is rated 7-8/10. Pain in right side of neck is rated 5-6/10. The patient reports pain radiating to the testicle. The request is for Acupuncture 2X6. The request for authorization is not provided. MRI of the right shoulder, 02/10/15, shows complete tear of the supraspinatus tendon with 25 mm tendinous retraction; infraspinatus tendinosis; acromioclavicular osteoarthritis. Patient's medications include Lyrica, Pantoprazole, Hydrocodone/APAP, Citalopram, Zolpidem, Clonazepam, Lovastatin, Metformin and Lidocaine Patches. Per progress report dated 05/29/15, the patient is temporarily totally disabled. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per progress report dated 05/29/15, treater's reason for the request is "In relation to the lower back he reports that his pain has been helped with acupuncture in the past." Review of medical records does not indicate how many sessions the patient has had. Given patient's condition, sessions of Acupuncture may be indicated. However, MTUS guidelines recommend additional treatments with documented functional improvements. In this case, the treater does not discuss or document improvements in ADLs, reduction in work restrictions nor reduction of medical treatments as required by MTUS. Therefore, the request is not medically necessary.