

Case Number:	CM15-0022956		
Date Assigned:	02/12/2015	Date of Injury:	09/12/2013
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona

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 51-year-old female who reported an injury on 09/06/2013. The mechanism of injury involved a fall. The current diagnoses include upper extremity subluxation, upper extremity swelling and limb pain. The injured worker presented on 01/26/2015 for a follow-up evaluation with complaints of ongoing neck pain and symptoms of frozen shoulder. Upon examination, there was sensory loss in the C5-7 dermatomes on the left, pain upon abduction, 45 degree flexion, positive cervical distraction test, positive Soto-Hall test, positive trigger points and diminished grip strength on the left. Recommendations included a cervical MRI, a left shoulder postoperative MRI, electrodiagnostic studies and a referral for 6 sessions of physical therapy. A Request for Authorization form was then submitted on 01/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004) Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. In this case, there is no objective evidence to support the medical necessity of a referral to a pain management specialist for additional treatment. There is no evidence of a recent attempt at any conservative management for the cervical spine or the left shoulder prior to the request for a specialty referral. As the medical necessity has not been established, the request is not medically appropriate at this time.

Cervical pillow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Pillow.

Decision rationale: The Official Disability Guidelines recommend the use of a neck support pillow while sleeping in conjunction with daily exercise. It was noted that the injured worker was status post arthroscopic subacromial decompression of the left upper extremity. The injured worker reports referred pain into the cervical spine. However, there is no objective evidence to support the medical necessity of a cervical pillow for cervical stabilization. There was no indication that this injured worker requires a cervical pillow, as opposed to an appropriate home exercise regimen. The medical necessity for the requested durable medical equipment has not been established in this case. As such, the request is not medically appropriate at this time.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. In this case, there was no documentation of a significant musculoskeletal or neurological deficit to warrant authorization of an MRI of the cervical. There is no mention of a recent attempt at any conservative management prior to the request for an imaging study. Given the above, the request is not medically appropriate.

Biofreeze for the treatment of chronic neck and shoulder pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In this case, there is no objective evidence to support the use of a topical analgesic. There is no evidence of a failure of first line oral medication prior to the request for a topical analgesic. Additionally, there was no specific frequency or quantity listed in the request. Given the above, the request is not medically appropriate.