

Case Number:	CM15-0218383		
Date Assigned:	11/10/2015	Date of Injury:	12/10/2013
Decision Date:	12/29/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/05/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 female, who sustained an industrial injury on 12-10-2013. Diagnoses include rotator cuff syndrome of right shoulder and carpal tunnel syndrome of right wrist, failed back syndrome, lumbar spine, and causalgia of right upper extremity. On 10-27-15, she complained of ongoing pain in the neck, shoulder, lower back and mid back. Previously prescribed medications since at least June 2015 included Tylenol Extra Strength, Norco 10-325mg four times daily, LidoPro 4% topical ointment. The record indicated medications improved pain 30-60% and increased activities of daily living. The urine drug screen was noted consistent with therapy and the opioid agreement was addressed. The physical examination documented swelling and mottling of bilateral hands, and inability of making a fist due to swelling and deformity. There was lumbar spine tenderness and a positive reverse straight leg raising test. There were positive Tinel's tests and carpal tunnel compression tests bilaterally. The record documented "complete pain relief" from a previous right suprascapular nerve block provided on 10-6-15. She further reported sensation of dislocation of the right shoulder three times. The plan of care included obtaining a right shoulder MRI, radiofrequency ablation, and the prescription for Percocet, up to five tablets daily, #140. The appeal requested authorization for radiofrequency lesioning of right suprascapular nerve, MRI of right shoulder, and Percocet 10-325mg #140. The Utilization Review dated 11-4-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency lesioning of right suprascapular nerve Qty: 1: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Radiofrequency of suprascapular nerve.

Decision rationale: The MTUS CPMTG is silent on radiofrequency of the suprascapular nerve. Per the ODG guidelines: Recommended. See Nerve blocks. Radiofrequency treatment is a minimally invasive procedure that is used in treating various pain syndromes. Conventional continuous radiofrequency (RF) treatment occasionally results in new onset pain. The use of pulsed radiofrequency (PRF, also known as cold RF), a minimally-neurodestructive and thus less painful technique, serves as an alternative to conventional RF therapy. Pulsed radiofrequency treatment, performed under fluoroscopic guidance, entails the use of pulsed time cycle that delivers short bursts of RF energy to nervous tissue. Per the medical records submitted for review, it was noted that the injured worker had complete pain relief from the right suprascapular nerve block for the duration of local anesthetic. She was able to use her shoulder without any pain. I respectfully disagree with the UR physician's denial based upon a lack of documented percentage of functional improvement from the suprascapular nerve block. The guideline criteria does not call for a specific percentage but it was noted to be complete. The request is medically necessary.

MRI of right shoulder with contrast Qty: 1: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic Resonance Imaging.

Decision rationale: The MTUS is silent with regard to specific indications for shoulder MRI. Per the ODG guidelines: Indications for imaging; Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008). While it is noted that the injured worker has undergone shoulder surgeries, the medical records submitted for review do not contain MRI study of the shoulder. Per progress report dated 10/12/15, it was noted that the injured worker had bilateral hand numbness and tingling, the right still somewhat worse than the left. The numbness and tingling involved the thumb, index, and middle fingers primarily. Her symptoms wake her up at night. It was noted that they are getting worse over time. I respectfully disagree with the UR physician's assertion that there was no documentation of a change in symptoms supporting the request. The request is medically necessary.

Percocet 10/325 mg #140: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 10/27/15, it was noted that the injured worker's pain score reduces by approximately 30-60% with the use of medications. She is able to perform all of her activities of daily living which include household work such as cooking, cleaning, washing dishes, grocery shopping. She noted that these activities can be performed for up to 30 minute at a time with medications. Without medication she is able to perform these activities for only 5-10 minutes at a time and has to rest frequently. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 7/28/15 was noted to be consistent. I respectfully disagree with the UR physician's assertion that the documentation does not support ongoing opiate use. The request is medically necessary.