MAXIMUS Federal Services

Case Number:	CM15-0067807		
Date Assigned:	04/15/2015	Date of Injury:	12/21/2012
Decision Date:	09/14/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/09/2015

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 64 year old male, who sustained an industrial injury on 12/21/2012, while employed as a maintenance worker. He reported pain in his neck, bilateral upper extremities, arms, wrists, hands, low back, and lower extremities, due to repetitive use. The injured worker was diagnosed as having cervical spine sprain/strain, rule out discopathy, and rule out right shoulder internal derangement. Treatment to date has included electromyography and nerve conduction studies, x-rays, physical therapy, injections, and magnetic resonance imaging studies. Currently, the injured worker complains of frequent sharp neck pain, radiating to bilateral shoulders, rated 5-7/10, sharp right shoulder pain, with radiation to the right upper extremity, rated 5-8/10, sharp left shoulder pain, with radiation to the left upper extremity, rated 5-7/10, and intermittent sharp low back pain, with radiation to the lower extremities, rated 5-7/10. He reported that medication and rest made the pain better. He reported that surgery was recommended to the left shoulder but was not performed yet. Medication use included Omeprazole, Motrin, and Tramadol. The treatment plan included x-rays, pain management evaluation and treatment, chiropractic, updated computerized tomography studies, orthopedic shoulder specialist, spine specialist, and lumbar spine brace. Urine drug screening, dated 10/14/2014, did not detect any of the analytes tested. The prior imaging and diagnostic studies that were referenced were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition, 2004 Chapter 7 page 127, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to consultation with a pain specialist when the diagnosis is complex or when additional expertise will be beneficial to the medical management. The injured worker has complex pain in the neck and shoulder, ongoing despite electrodiagnostic and MRI studies and is being considered for surgery. A Pain management referral is warranted in this setting to optimize pain and function, with the goals of avoiding surgery and identifying the true source generators that require intervention. Interventional injections may be indicated, and pain specialists are trained to perform such procedures. This request is certified and therefore medically necessary.

CT scan of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder, Computed Tomography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: CA MTUS and ACOEM state the primary criteria for ordering imaging studies are the emergence of red flags, physiologic evidence of a tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends CT scan after X-ray for suspected labral and/or full-thickness rotator cuff tear. While the injured worker has radiating shoulder pain, there is no mention to avoid right shoulder surgery, no mention of failure to respond to a strengthening program, and no physical exam evidence to suggest red flags or mention that CT scan would provide anatomy clarification prior to future treatments that could include surgery. Furthermore, the previous electrodiagnostic and imaging studies were not provided for review. At this time, this request is not medically necessary.

CT scan of the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Computed Tomography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: CA MTUS and ACOEM state the primary criteria for ordering imaging studies are the emergence of red flags, physiologic evidence of a tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. There is no mention to avoid cervical spinal surgery, no mention of failure to respond to a strengthening program, and no physical exam evidence to suggest red flags or mention that CT scan would provide anatomy clarification prior to future treatments that could include surgery and/or epidural injections. Furthermore, the previous electrodiagnostic and imaging studies were not provided for review. At this time, this request is not medically necessary.

CT scan of the back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Computed Tomography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/CT.

Decision rationale: The ODG Criteria for lumbar CT scan include lumbar spine trauma with neurological deficit; or traumatic or infectious myelopathy; or to evaluate for pars defect not identified on plain X-rays; or to evaluate successful fusion if plain X-rays are non-confirmatory for fusion. There is no mention in the documentation of significant nerve root dysfunction manifesting on physical examination to suggest lumbar radiculopathy or myelopathy. Previous imaging and/or electrodiagnostics were not available for review. This request at this time is not medically necessary.

Spine specialist (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition, 2004 Chapter 7 page 127, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to consultation with a pain specialist when the diagnosis is complex or when additional expertise will be beneficial to the medical management. The injured worker has complex pain in the neck and shoulder, ongoing despite electrodiagnostic and MRI studies and is being considered for surgery. A Pain Management referral request has also been submitted. It is not

clear how a spine specialist will provide added insight into the injured workers impairments that a pain trained physician cannot provide. Without this clarification, this request cannot be supported at this time and therefore is not medically necessary.

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Lumbar Supports.

Decision rationale: ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state that lumbar supports are recommended as an option for compression fractures, spondylolisthesis, instability, and for treatment of nonspecific low back pain (weak evidence). There is no mention of any of the above diagnoses to warrant consideration for lumbar support. Furthermore, the injured worker is beyond the acute phase, his back issues are chronic in nature. This request is not certified at this time and therefore is not medically necessary.