

Case Number:	CM15-0075299		
Date Assigned:	04/27/2015	Date of Injury:	02/06/2015
Decision Date:	08/03/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 46 year old, female who sustained a work related injury on 2/6/15. The diagnoses have included shoulder impingement syndrome, cervical strain/sprain, lumbar sprain/strain and hand and wrist overuse tendinopathy. The treatments have included medications, injections, use of a wrist brace, electrodiagnostic studies and physical therapy. In the PR-2 dated 3/6/15, the injured worker complains of intermittent, aching cervical neck pain with pain that radiates through right shoulder. She has numbness and tingling in arms, hands and fingers. She complains of stiffness in cervical neck. She complains of constant, aching pain in both shoulders that radiates to wrists, hands and fingers. The pain is greater in right shoulder. She complains of constant, sharp and throbbing pain in both wrists, hands and wrists. The pain is worse in right hand. She has swelling, numbness and tingling in both wrists, hands and fingers. She complains of intermittent, aching and burning pain in her low back. The pain is localized the lower back and hips. She complains of numbness and tingling in both legs. The treatment plan is requests for MRIs and for injections given during office visit. The requested treatment of aquatic therapy is not noted in the treatment plan. Acupuncture visits were requested by physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 177.

Decision rationale: MTUS recommends spine x rays in patients with neck pain only when there is evidence of red flags for serious spinal pathology. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. The injured worker complains of ongoing neck pain. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms. The medical necessity for additional imaging has not been established. The request for MRI of cervical spine is not medically necessary.

MRI of lumbar spine: 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): Special Studies and Diagnostic and Treatment Considerations, pg 303.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker complains of ongoing low back pain. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms. The request for MRI of lumbar spine is not medically necessary per MTUS.

MRI of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 207.

Decision rationale: MTUS recommends ordering imaging studies when there is evidence of a red flag on physical examination (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), failure to progress in a strengthening program intended to

avoid surgery or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The injured worker complains of ongoing right shoulder pain. Chart documentation fails to show any red flags or unexplained physical findings on examination that would warrant additional imaging. The request for MRI of right shoulder is not medically necessary by MTUS.

Aquatic therapy; eight (8) visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Exercise, Physical Medicine Page(s): 22, pg 46, pg 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Aquatic therapy, Low Back Chapter.

Decision rationale: MTUS states that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. A therapeutic exercise program is recommended at the start of any treatment or rehabilitation program, unless exercise is contraindicated. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency (from up to 3 or more visits per week to 1 or less). MTUS recommends aquatic therapy (including swimming) as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, for example extreme obesity, being that it can minimize the effects of gravity. The injured worker complains of ongoing right shoulder, bilateral hand, neck and low back pain. Documentation fails to demonstrate a clinical need for reduced weight bearing to establish the medical necessity for an optional form of exercise therapy. The request for Aquatic therapy; eight (8) visits is not medically necessary by MTUS.

Retrospective diagnostic/therapeutic injection consisting of 2cc Celestone and 6cc Lidocaine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Initial Care pg 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Injection with anaesthetics and/or steroids.

Decision rationale: Per guidelines, Steroid injections should not be offered as either a primary or a sole treatment modality for pain management. Injection with anesthetics and/or steroids are recommended as an adjunct with the intent to relieve pain, improve function, decrease medication use, and encourage return to work. The primary goal of this form of therapy is the short-term relief of pain in order to facilitate participation in an active rehabilitation program and

restoration of functional capacity. The injured worker complains of chronic shoulder, neck and low back pain. Physician report at the time of the requested service under review fails to specify the injection site. Furthermore, documentation fails to support that a formal plan for exercise program is being prescribed. The request for Retrospective diagnostic/therapeutic injection consisting of 2cc Celestone and 6cc Lidocaine is not medically necessary by guidelines.

Retrospective intramuscular injection of 2 cc Toradol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Toradol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and Shoulder Chapters, Ketorolac (Toradol).

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. Per guidelines, Toradol injection is indicated in the management of moderately severe acute pain as an alternative to opioid therapy. It is not recommended for chronic painful conditions. Toradol injection may also be administered as an option to corticosteroid injections for shoulder pain, with up to three injections. The injured worker complains of chronic shoulder, neck and low back pain. Physician report at the time of the requested service under review fails to show acute exacerbation of symptoms. The medical necessity for Toradol injection is not established. The request for Retrospective intramuscular injection of 2 cc Toradol is not medically necessary by guidelines.