

<b>Case Number:</b>	CM14-0133708		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	03/01/2005
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 64-year-old female with a date of injury of 03/01/2005. The listed diagnoses are: 1. Right shoulder impingement syndrome, full thickness tear. 2. Cervical spine sprain/strain with multilevel degenerative/anterolisthesis, C4 on C5, C5 on C6 with right upper extremity radiculopathy. 3. Lumbar spine sprain/strain with multilevel disk bulge, 2 to 3 mm, at L2 to S1, facet hypertrophy. The medical file provided for review includes one progress report from 06/24/2014. According to this report, the patient presents with increased pain in the right shoulder, right side of neck, right arm/hand, and low back pain with radiation to the bilateral lower extremity, left greater than right. Examination revealed the patient utilizes a cane and was noted the patient is very dizzy on exam and almost fell over. It was further noted the patient had joint pain and muscle soreness. Treater states that prior ultrasound of the shoulder is from 2008 and he would like an updated study due to patient's increase in symptoms and disability. This is a request for x-ray and ultrasound of the right shoulder, Norco 2.5/325 mg, Ultracin topical lotion, and physical medicine times 8 visits. Utilization review denied the request on 07/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays, right shoulder, neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, radiography (x-rays) section

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, X-rays

**Decision rationale:** This patient presents with continued low back, neck and right shoulder pain. This is a request for x-ray of right shoulder, neck. Utilization review denied the request stating that there is no clear rationale for this request and notes that there is already an MRI of the cervical spine. ODG Guidelines has the following regarding x-rays under its shoulder chapter, "The acutely traumatized shoulder should be imaged with plain films that are orthogonal to each other. Indications are for acute trauma, to rule out fracture/dislocation, questionable bursitis, or blood calcium." The patient has had an Ultrasound of the shoulder in 2008 and has a diagnosis of right shoulder impingement syndrome with full thickness tear. The treater does not discuss concerns of new injury to warrant additional imaging. In regards to the requested x-ray of the neck, ACOEM guidelines on special studies for C-spine (pages 177 and 178) states radiography of the c-spine is not recommended except for indications including, "emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, and clarification of the anatomy prior to an invasive procedure." The medical file provided for review includes one progress report and does not discuss prior x-rays for the neck. In this case, this patient does not present with any red flags, new injury, trauma or neurologic dysfunction to warrant X-rays of the neck. The treater does not explain why an X-ray is being requested other than for a routine evaluation. The guidelines do not support routine X-rays.

**Ultrasound, right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter has the following regarding Ultrasound of the Shoulder

**Decision rationale:** This patient presents with right-shoulder and low back pain. Treater is requesting an updated ultrasound of the right shoulder as prior US is from 2008. The ACOEM and MTUS do not discuss ultrasound of the shoulder for diagnostic use. ODG Guidelines under its Shoulder chapter has the following regarding Ultrasound of the Shoulder, "recommended as indicated below. The results of a recent review suggests that clinical examination by specialist can rule out the presence of rotator cuff tear and that either MRI or ultrasound can equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears, ultrasounds also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears." In this case, this patient has had an ultrasound (U/S) of the shoulder 2008 that showed full thickness tear. It's been 6 years and the patient

continues to be symptomatic. There does not appear to have been any studies recently. The request is medically necessary.

**Norco 2.5/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78, 88, 89.

**Decision rationale:** This patient presents with continued low back and right shoulder pain. Treater is requesting meds times 1, Norco 2.5/325 mg #60. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The medical file includes one progress report. It is unclear when this patient was first prescribed this medication. Utilization review indicates that the patient has utilized Norco in the past. In this case, recommendation for further use of Norco cannot be supported as the treater does not provide pain assessment, outcome measures, or discussions regarding specific changes in ADLs or significant functional improvement with the use of this medication. There are no side effects or aberrant issues discussed and urine toxicology and CURES reports are not provided. Given the lack of sufficient documentation for opiate management, the request is not medically necessary.

**Physical medicine 8 visits, right shoulder, cervical spine, lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with right shoulder and low back pain. The treater is requesting physical medicine 8 visits, right shoulder, cervical spine, lumbar spine. For physical medicine, MTUS guidelines pages 98 and 99 recommend for myalgia and myositis type symptoms 9-10 sessions over 8 weeks. The medical file includes one progress report and provides no treatment history. Utilization review denied the request stating that there is no documentation of exacerbation of symptoms. There is no documentation of any recent formal physical therapy, and on 6/24/14 the treater noted that the patient had increase in symptoms. The requested 8 physical therapy (PT) sessions is reasonable and medically necessary.