MAXIMUS Federal Services

Case Number:	CM14-0156895		
Date Assigned:	09/26/2014	Date of Injury:	03/14/2014
Decision Date:	02/18/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/25/2014

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. 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
Certification(s)/Specialty: Physical Medicine & Rehabn

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 28-year-old female with date of injury of 03/14/2014. The listed diagnoses from 09/05/2014 are:1. Rotator cuff syndrome - shoulder.2. Gastritis.3. Acute cervicalgia (chronic neck pain).4. Low back pain with numbness S1 radiculopathy, right greater than left.5. Right flank pain, transient.6. Right shoulder RCT repair.7. Right Achilles tendon focal pain with walking.According to this report, the patient presents with acute extremity pain at a rate of 4/10 to 7/10. The patient also complains of low back pain with radiation to the left calf. The examination shows decreased lower extremity sensation. Range of motion in the right upper extremity is decreased. Palpation of the patient's spine and extremities revealed tenderness at T6-L1 and the right shoulder. Kemp's test is positive bilaterally. Straight leg raise is positive at 60 degrees. Faber's test is positive bilaterally. Treatment reports from 05/15/2014 to 12/15/2014 were provided for review. The utilization review denied the request on 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; on-going management Page(s): 88-89; 78.

Decision rationale: This patient presents with acute extremity pain, low back, and right shoulder pain. The physician is requesting Norco 10/325mg 50. For chronic opiate use, the MTUS guidelines pages 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." The MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed hydrocodone on 05/15/2014. While the patient states that his current pain level of 4-7/10, the physician does not provide before and after pain scales to show analgesia. No specific ADLs were discussed; no change in work status, no side effects, and no aberrant drug-seeking behavior such as urine drug screen and a CURES report were noted. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request is not medically necessary.

MRI right calf and ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Imaging study of the ankle

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter on MRI.

Decision rationale: This patient presents with acute extremity pain, low back, and right shoulder pain. The physician is requesting an MRI of the right calf and ankle. The ACOEM Guidelines page 374 on MRI of the foot/ankle states, "Imaging may be indicated to clarify the diagnosis and assist reconditioning. Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery." The ODG states, "MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci, and joint cartilage structures than x-ray or computerized axial tomography in the evaluation of traumatic or degenerative injuries." The records do not show any previous MRI of the calf and ankle. The examination from the 09/05/2014 report does not show any findings on the right calf and ankle. There are no discussions including decreased neurological and sensory findings that would warrant the need of an MRI. The request is not medically necessary.

Lumbar Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

Decision rationale: This patient presents with acute extremity pain, low back, and right shoulder pain. The physician is requesting a lumbar epidural steroid injection. The MTUS Guidelines pages 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. The 09/05/2014 report notes that the physician is requesting an ESI for the treatment of persistent/escalating sciatic pain. The physician references a lumbar MRI, date unknown, that showed mild DDD. In this case, the examination does not show any radiating symptoms, and the MRI report does not show any signs of radiculopathy and stenosis. The request is not medically necessary.

Aquatic Therapy x16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gravity-Resisted Land Based Therapy Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: This patient presents with acute extremity pain, low back, and right shoulder pain. The physician is requesting aquatic therapy x 16. The MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, the MTUS pages 98 and 99 on physical medicine states that 8 to 10 sessions of physical therapy is recommended for various myalgias and neuralgias. The records do not show any aquatic therapy reports. The patient is 6'4" and weighs 290 pounds with a BMI of 35.5. While the patient is considered obese, none of the reports discuss any weight-bearing issues. The MTUS only recommends a total of 8-10 sessions of physical medicine and this request for 16 visits exceeds the MTUS recommendation. The request is not medically necessary.