

Case Number:	CM15-0010198		
Date Assigned:	01/27/2015	Date of Injury:	01/01/2002
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 39 year old male, who sustained an industrial injury on 1/1/02. He has reported back injury. The diagnoses have included post lumbar laminectomy and microdiscectomy, disc protrusion L4-5, lumbar radiculopathy, herniated nucleus pulposus of lumbar spine, sprain, bilateral radial carpal joint, osteoarthritis wrist, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome and depression. Treatment to date has included physical therapy, aquatic therapy, medications acupuncture and laminectomy. Currently, the injured worker complains of continuing mid and lower back pain which increases with activities, with radiation down bilateral thighs, legs and feet. On exam tenderness to palpation from T3-9 is noted, pain on extension and flexion movements of thoracic spine, loss of lumbar lordosis, tenderness to palpation of paraspinal muscles and decreased range of motion of lumbar spine. On 12/17/14 Utilization Review non-certified hydrocodone 10 mg, (MRI) magnetic resonance imaging of left shoulder, (MRI) magnetic resonance imaging of right shoulder, noting the objective findings are unchanged since 2008. The MTUS, ACOEM Guidelines, was cited. The MRI's were requested in a progress note from November 2014. On 1/13/15, the injured worker submitted an application for IMR for review of hydrocodone 10 mg, (MRI) magnetic resonance imaging of left shoulder, (MRI) magnetic resonance imaging of right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with 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 nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, there is monitoring for aberrant behaviors such as urine toxicology testing, and a compliant outcome is documented on 7/2/14. However, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

MRI left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Shoulder Chapter, MRI

Decision rationale: Regarding the request for MRI of the left shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 4 to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines further specify imaging studies for physiologic evidence of 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 MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff

tear/impingement with normal plain film radiographs. Within the documentation available for review, there is no discussion of the outcome of plain radiography for the shoulders first. This is an ODG criteria. Furthermore, the physical exam is lacking in significant findings or special testing. The most relevant exam associated with this request is dated 11/17/14 and only documents decreased range of motion. Finally, there is no discussion of recent failed conservative care to warrant special studies as recommended by ACOEM. Given these factors, the currently requested shoulder MRI is not medically necessary.

MRI right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Shoulder Chapter, MRI

Decision rationale: Regarding the request for MRI of the right shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 4 to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines further specify imaging studies for physiologic evidence of 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 MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, there is no discussion of the outcome of plain radiography for the shoulders first. This is an ODG criteria. Furthermore, the physical exam is lacking in significant findings or special testing. The most relevant exam associated with this request is dated 11/17/14 and only documents decreased range of motion. Finally, there is no discussion of recent failed conservative care to warrant special studies as recommended by ACOEM. Given these factors, the currently requested right shoulder MRI is not medically necessary.