

Case Number:	CM15-0010448		
Date Assigned:	01/28/2015	Date of Injury:	09/01/2014
Decision Date:	06/11/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/19/2015

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

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 40-year-old male who sustained an industrial injury on 09/01/2014 due to cumulative trauma. Current diagnoses include right shoulder tendonitis impingement and partial tear; left shoulder strain/sprain, rule out tendonitis impingement, cuff tear, and internal derangement; cervical spine strain/sprain, rule out radiculitis/radiculopathy, secondary to herniated cervical disc; lumbar spine strain/sprain, rule out radiculitis/radiculopathy, secondary to lumbar disc; symptoms of anxiety and depression; and insomnia. Treatment has included oral medications. Physician note dated 12/08/2014 show continued complaints of pain in the cervical spine, lumbar spine, and bilateral shoulders with the right side worse than the left. Upon examination of the cervical spine, there were 40-degree forward flexion, 50-degree extension, 60-degree rotation, and 30 degree bilateral bending. There was a positive Spurling's test and foramina compression test noted. Upon examination of the right shoulder, there was 150-degree flexion, 40-degree extension, 140-degree abduction, 40-degree adduction, 60-degree internal rotation, and 80-degree external rotation. There was tenderness over the greater tuberosity of the humerus, subacromial grinding and clicking, tenderness over the rotator cuff muscles, tenderness of the supraspinatus and infraspinatus, and a positive impingement test. Examination of the lumbar spine revealed 50 degree flexion, 20 degree extension, 30 degree bilateral bending, positive straight leg raise at 75 degrees bilaterally, hyperesthesia at the anterolateral aspect of the foot and ankle in the L5 and S1 dermatome, weakness of the great toe dorsiflexor and plantar flexor, and facet joint tenderness at L4-5 on the right. Recommendations include ultrasound guided cortisone injection to the bilateral shoulders, consideration for right shoulder surgery if

the injection fails, cervical and lumbar spine MRI to establish the presence of disc pathology, left shoulder MRI to evaluate the soft tissues, forwarding of prior records and MRI for review, lumbar spine brace for support and pain relief, interferential unit for home use to help control pain and inflammation and increase circulation, physical therapy two session per week for six weeks focusing on the cervical and lumbar spine and bilateral shoulders, and refilling medications. The worker is determined to be temporarily totally disabled. The Request For Authorization form was then submitted on 12/12/2014 for physical therapy of the bilateral shoulders, cervical and lumbar spine, an ultrasound guided corticosteroid injection for the bilateral shoulders, and an MRI of the lumbar and cervical spine as well at the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-IF Unite for home use and pain relief purpose: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. In this case, there is no indication that the injured worker has failed to response to conservative management including TENS therapy prior to the request for an interferential unit. There is also no documentation of a successful 30-day trial prior to the request for a unit purchase. Given the above, the request is not medically appropriate at this time.

LOS Brace for support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief. In this case, there was no documentation of a significant musculoskeletal or neurological deficit with regard to the lumbar spine. There was no evidence of spinal instability upon examination. The medical necessity for a support brace has not been established in this case. As such, the request is not medically appropriate.

MRI of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicated tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. In this case, there was no documentation of a previous attempt at conservative management prior the request for an MRI of the lumbar spine. The injured worker is currently pending authorization for a course of physical therapy for the lumbar spine. Given the above, the request is not medically appropriate.

MRI of Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation that fails to improve symptoms. In this case, there was no documentation of a significant musculoskeletal or neurological deficit. There was no evidence of the emergence of any red flags for serious spinal pathology. There was also no mention of an attempt at any recent conservative management for the cervical spine prior to the request for an MRI. The injured worker is currently pending authorization for a course of physical therapy for the cervical spine. Given the above, the request is not medically appropriate at this time.

MRI of Left 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): 207-209.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients with shoulder problems special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. In this case, there was no mention of a recent

attempt at any conservative treatment prior to the request for an MRI of the left shoulder. The injured worker is currently pending authorization for a course of physical therapy. As the medical necessity has not been established, the request is not medically appropriate at this time.

Ultrasound Guided Corticosteroid Injection to the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques have limited proven value. If there is pain with elevation, that significantly limits activities, a subacromial injection of a local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. Although it was noted within the documentation provided, the injured worker had exhausted conservative treatment for the right shoulder; there was no mention of an attempt at any recent conservative management to include active rehabilitation. There is no indication that this injured worker is actively participating in an exercise program to be used in conjunction with injection therapy. Given the above, the request is not medically appropriate at this time.

Ultrasound Guided Corticosteroid Injection to the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of a local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. In this case, there is no documentation of a recent attempt at any conservative treatment to include active rehabilitation with regard to the left shoulder. The physician progress note documented a physical examination of the right shoulder; however, there was no comprehensive physical examination of the left shoulder provided. As the medical necessity has not been established, the request is not medically appropriate.