

Case Number:	CM15-0015709		
Date Assigned:	02/03/2015	Date of Injury:	11/17/2014
Decision Date:	03/23/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was a 57 year old female, who sustained an industrial injury, November 17, 2014. The injury occurred over time from repetitive lifting. The injured workers chief complaint was right neck pain which was constant radiating down the right shoulder to the right hand and low back radiating down the left leg. The pain level was 8 out of 10; 0 being no pain and 10 being the worse. The pain was greater at night. The injured worker was diagnosed with anxiety, depression, right shoulder, right elbow and right neck over use syndrome and left sciatica. The injured worker previously received the following treatments pain medication, heating pads, ice, Ibuprofen and gabapentin. According to progress note of December 17, 2014, the injured worker had pain and discomfort with sitting, bending, standing, lifting more than 15 pounds, twisting, stooping, walking, pushing, pulling and detailed handwork. The injured worker was taking Hydrocodone for pain. December 29, 2014, the primary treating physician requested authorization for one urine drug screening, physical therapy 2 times a week for 8 weeks right elbow and shoulder, an MRI of the cervical spine, an MRI of the right shoulder, MRI of right elbow, 1 trigger point injections 3 to the cervical spine between December 29, 2014 to March 13, 2015 and 1 trigger point injections 2 at the right shoulder between December 29, 2014 through March 13, 2015. On January 14, 2015, the UR denied authorization for one urine drug screening and 16 physical therapy visits, an MRI of the cervical spine, an MRI of the right shoulder, MRI of right elbow, 1 trigger point injections 3 to the cervical spine between December 29, 2014 to March 13, 2015 and 1 trigger point injections 2 at the right shoulder between December 29, 2014 through March 13, 2015. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT). Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids Page(s): 76-77. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: 1 urine drug screen is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The ODG states that a urine drug test can be used as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The documentation does not indicate that the patient is on any medications that require urine drug monitoring therefore this request is not medically necessary.

16 Physical Therapy visits: Upheld

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

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

Decision rationale: 16 Physical Therapy visits are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition with transition to an independent home exercise program. The request exceeds this number. There are no extenuating factors which would require 16 physical therapy visits.

1 MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Neck and upper back

Decision rationale: 1 MRI of the cervical spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve

symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury. The documentation and physical exam findings do not indicate evidence of red flag findings or progressive neurological deficits therefore the request for an MRI of the cervical spine is not medically necessary.

1 MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Shoulder

Decision rationale: 1 MRI of the right shoulder is not medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Criteria state that the primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The ODG states that criteria for a shoulder MRI are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation and physical exam findings do not reveal a red flag condition or findings suggestive of significant pathology. The request for an MRI of the right shoulder is not medically necessary.

1 MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-4,42. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Elbow (Acute & chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42 and 47.

Decision rationale: 1 MRI of the right elbow is not medically necessary per the MTUS ACOEM Guidelines. The MTUS ACOEM Elbow chapter states that an elbow MRI can be ordered for a red flag diagnoses; dislocation; fracture; or inflammation and possibly for a

suspected ligament tear. The documentation does not indicate evidence of a red flag diagnoses therefore the request for right elbow MRI is not medically necessary.

Trigger point injections -3 at cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Trigger point injections -3 at cervical spine are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that for trigger point injections there should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The documentation does not reveal these findings of a trigger point with twitch response therefore the request for trigger point injections is not medically necessary.

1 Trigger point injections - 2 at right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: 1 Trigger point injections - 2 at right shoulder are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that for trigger point injections there should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The documentation does not reveal these findings of a trigger point with twitch response therefore the request for trigger point injections is not medically necessary.