

Case Number:	CM15-0118801		
Date Assigned:	06/29/2015	Date of Injury:	07/04/2013
Decision Date:	08/20/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/19/2015

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 52 year old female, who sustained an industrial injury on 7/04/2013. She reported an aggressive altercation with injury to the left shoulder. Diagnoses include status post left shoulder surgery in 2014 with persistent pain and frozen shoulder, cervical strain with radiculitis and disc protrusion, lumbar spine pain, post-traumatic headaches, depressions, anxiety and insomnia. Treatments to date include post-operative physical therapy. Currently, she complained of pain in the left shoulder, neck, mid back and lower back with associated headaches, worsening depressions and new onset anxiety and insomnia. On 5/13/15, the physical examination documented cervical and lumbar tenderness without muscle spasms. There was decreased sensation noted to the left upper extremity. The left shoulder was tender with decreased range of motion and guarding. The plan of care included additional physical therapy sessions for the left shoulder twice a week for three week, cervical traction unit for home, Norco 5/325mg #60 and Celebrex 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home, Cervical Traction Unit, overdoor: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical).

Decision rationale: The patient presents with pain in the left shoulder, neck, mid back and lower back, with associated headaches. The request is for a Home Cervical traction unit, over door. The RFA is dated 05/28/15 and the patient's date of injury is 07/04/13. The diagnoses include status post left shoulder surgery in 2014 with persistent pain and frozen shoulder, cervical strain with radiculitis and disc protrusion, lumbar spine pain, post-traumatic headaches, depressions, anxiety and insomnia. Per 05/13/15 report, physical examination revealed tenderness to palpation over the mid and lower paracervical muscles, bilaterally, with muscle spasms. There is decreased range of motion with positive Spurling's test. Examination of the left shoulder revealed tenderness to palpation of the upper deltoid, upper scapular region, and AC region. There is decreased range of motion with flexion at 125 degrees, abduction at 110 degrees, and 30 degree extension. Treatments to date include post-operative physical therapy. Current medications include Norco, Celebrex, Gabapentin and Xanax. The patient is temporarily totally disabled. ACOEM guidelines page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, page 181 ACOEM lists traction under 'not recommended' section for summary of recommendations and evidence table 8-8." ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical) states: "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. Cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy." Per 05/13/15 report, tester states, "Please authorize a home cervical traction unit. The patient did try a cervical traction unit as part of the physical therapy program that she attended and the therapist did recommend that so please authorize this so she can use it for home use." While the treater states the patient trialed the cervical traction, there is no objective findings provided of functional improvement as a result of the device use. ACOEM page 181 does not support traction devices. ODG indicates that there is some evidence of symptomatic relief from cervical traction in patients who present with grade 3 stenosis of the cervical spine. There are no image studies provided of the cervical spine and not discussion presence of grade 3 stenosis. The request is not within guideline criteria and therefore, IS NOT medically necessary.

Physical Therapy, 2 times wkly for 3 wks, 6 sessions: 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, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The patient presents with pain in the left shoulder, neck, mid back and lower back, with associated headaches. The request is for an additional 6 sessions of physical therapy. The RFA is dated 05/28/15 and the patient's date of injury is 07/04/13. The diagnoses include status post left shoulder surgery in 2014 with persistent pain and frozen shoulder, cervical strain with radiculitis and disc protrusion, lumbar spine pain, post-traumatic headaches, depressions, anxiety and insomnia. Per 05/13/15 report, physical examination revealed tenderness to palpation over the mid and lower paracervical muscles, bilaterally, with muscle spasms. There is decreased range of motion with positive Spurling's test. Examination of the left shoulder revealed tenderness to palpation of the upper deltoid, upper scapular region, and AC region. There is decreased range of motion with flexion at 125 degrees, abduction at 110 degrees, and 30 degree extension. Treatments to date include post-operative physical therapy. Current medications include Norco, Celebrex, Gabapentin and Xanax. The patient is temporarily totally disabled. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." MTUS post- surgical guidelines, pages 26-27, recommend 24 visits over a period of 14 weeks. The post- operative time frame is 6 months. Per 05/13/15 report, treater states, "Please authorize six sessions of physical therapy two times a week for three weeks for the shoulder postoperatively to further rehabilitate and improve range of motion to the left shoulder. This is also recommended by the AME, so please authorize this." The total number of prior physical therapy is unknown. In the 03/31/15 report it is stated the patient completed an additional 6 sessions of post op therapy on 12/03/14. Within the medical records provided there are 6 sessions of physical therapy notes dated 01/30/15 through 02/02/15. The patient underwent left shoulder surgery in February 2014 and is no longer within post-operative time frame, which is 6 months. The request for an additional 6 sessions would exceed guideline recommendations of 10 sessions and IS NOT medically necessary.

Norco 5/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

Decision rationale: The patient presents with pain in the left shoulder, neck, mid back and lower back, with associated headaches. The request is for Norco 5/325mg #60. The RFA is dated 05/28/15 and the patient's date of injury is 07/04/13. The diagnoses include status post left

shoulder surgery in 2014 with persistent pain and frozen shoulder, cervical strain with radiculitis and disc protrusion, lumbar spine pain, post-traumatic headaches, depression, anxiety and insomnia. Per 05/13/15 report, physical examination revealed tenderness to palpation over the mid and lower paracervical muscles, bilaterally, with muscle spasms. There is decreased range of motion with positive Spurling's test. Examination of the left shoulder revealed tenderness to palpation of the upper deltoid, upper scapular region, and AC region. There is decreased range of motion with flexion at 125 degrees, abduction at 110 degrees, and 30 degree extension. Treatments to date include post-operative physical therapy. Current medications include Norco, Celebrex, Gabapentin and Xanax. The patient is temporarily totally disabled. 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 a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per 05/13/15 report, treater states, "Norco 5/325 #60 for pain control. It does help with the 4A's so please continue use of opioids per CA MTUS guidelines." After review of the submitted medical records, the patient has been prescribed Norco at least since 12/03/14. While the treater states Norco helps with the 4A's, there are no specific examples or discussion of ADL's. There are no pain scales or validated instruments addressing analgesia. There is mention of a consistent urine drug screen dated 11/13/14; however there is no opioid pain agreement or CURES reports. No return to work, or change in work status, either. The use of opiates requires detailed documentation regarding pain and function and MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Celebrex 100 mg Qty (unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with pain in the left shoulder, neck, mid back and lower back, with associated headaches. The request is for Celebrex 100mg. The RFA is dated 05/28/15 and the patient's date of injury is 07/04/13. The diagnoses include status post left shoulder surgery in 2014 with persistent pain and frozen shoulder, cervical strain with radiculitis and disc protrusion, lumbar spine pain, post-traumatic headaches, depression, anxiety and insomnia. Per 05/13/15 report, physical examination revealed tenderness to palpation over the mid and lower paracervical muscles, bilaterally, with muscle spasms. There is decreased range of motion with positive Spurling's test. Examination of the left shoulder revealed tenderness to palpation of the upper deltoid, upper scapular region, and AC region. There is decreased range of motion with flexion at 125 degrees, abduction at 110 degrees, and 30 degree extension. Treatments to date include post-operative physical therapy. Current medications include Norco, Celebrex, Gabapentin and Xanax. The patient is temporarily totally disabled. MTUS Anti-

inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS guidelines page 22 for Celebrex, state, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." Per 05/13/15 report, treater states, "Celebrex 100mg b.i.d. for pain and inflammation. This change was made from ibuprofen because at the time ibuprofen upsets her stomach and Celebrex has less GI side effects." After review of the submitted medical records, the patient has utilized Celebrex at least since 12/03/14. NSAIDs are indicated for first line treatment to reduce pain; however, Celebrex is not indicated for all patients per MTUS. The treater does not discuss how this medication is used and with what efficacy. There are no pain scales provided or examples as to how Celebrex decreases pain and improves function. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.