

Case Number:	CM15-0039927		
Date Assigned:	03/10/2015	Date of Injury:	10/01/2013
Decision Date:	06/29/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/03/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 is a 36 year old female, who sustained an industrial injury on 10/1/2013. The current diagnoses are cervical spine musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease, thoracic spine musculoligamentous strain/sprain, bilateral shoulder strain/sprain, right upper extremity pain, depression, and sleep disturbance secondary to pain. Treatment to date has included medications and physical therapy. Per notes, function and activities have improved by 10% with previous physical therapy along with a decrease in pain and tenderness. According to the progress report dated 1/28/2015, the injured worker complains of pain in the neck, mid/upper back, and bilateral shoulders/arms. The neck and mid/upper back pain is rated 8/10, which has increased from 7/10 since last visit. The right shoulder pain is rated 8/10, which has decreased from 8-9/10. The left shoulder pain is rated 6-7/10, which has increased from 6/10. The current plan of care includes MRI of cervical spine, MRI of right shoulder, neurologist consultation, Klonopin 0.5mg #30, and 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): 178.

Decision rationale: Per ACOEM neck chapter imaging is recommended in the following circumstances, an imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for four to six weeks or more, when surgery is being considered for a specific anatomic defect and to further evaluate the possibility of potentially serious pathology, such as a tumor. The included physical examination does not document significant neurologic dysfunction. The request is not medically necessary.

MRI of right shoulder: 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 9 Shoulder Complaints Page(s): 208.

Decision rationale: Per ACOEM guidelines criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The documentation shows that the IW is neurologically intact, and there is no mention of possible surgery. The request is not medically necessary.

Neurologist consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 171-172, 201.

Decision rationale: Per ACOEM guidelines, physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The included physical examination does not document significant neurologic dysfunction. The request is not medically necessary.

Klonopin 0.5mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment.

Decision rationale: Per ODG pharmacological agents for insomnia should only be used after careful evaluation of potential causes of sleep disturbance for the etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). First-line treatment is recommended to be non-benzodiazepine sedative-hypnotics such as Ambien, Ambien CR, Sonata and Lunesta. Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. There was no mention in the case file of evaluation for insomnia or failure of first line treatment options. This request is not medically necessary and appropriate.

12 sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck and upper back (Acute & Chronic) Official Disability Guidelines - Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck/Upper Back, Shoulder - Physical therapy (PT).

Decision rationale: MTUS guidelines do not give recommendations on physical therapy for shoulder pain. Per ODG guidelines physical therapy for the rotator cuff is recommended. The frequency recommended is 10 visits over 8 weeks. Sprains and strains of neck 10 visits over 8 weeks. Displacement of cervical intervertebral disc, medical treatment: 10 visits over 8 weeks. It has been requested that the IW receive 12 visits over 6 weeks which is in excess of the recommended course. Additionally, the documentation states that the IW is had already received 12 sessions of therapy and there is no notation as to why the IW requires further therapy. This request is not medically necessary and appropriate.