

Case Number:	CM15-0039982		
Date Assigned:	03/10/2015	Date of Injury:	12/27/2000
Decision Date:	05/07/2015	UR Denial Date:	02/25/2015
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: 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 64-year-old male who reported an injury on 12/27/2000. The injured worker reportedly suffered an upper extremity injury while repetitively moving and stacking boxes. The current diagnoses include back pain with lumbar radiculopathy; lumbar degenerative disc disease; bilateral shoulder pain; and chronic insomnia. The injured worker presented on 02/13/2015 for a follow-up evaluation with complaints of low back pain and muscle spasm, along with lower extremity weakness. The injured worker reported an improvement in symptoms with the current medication regimen. Upon examination, there were taut muscle bands in the bilateral rhomboid region and bilateral trapezius region. There was also tightness in the bilateral quadratus lumborum and gluteal region. Recommendations at that time included continuation of the current medication regimen and authorization for trigger point injections with a follow-up x-ray for the cervical spine and bilateral shoulders. It was also noted that the injured worker was a candidate for cervical epidural injection/facet injections. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The 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 comprehensive physical examination of the bilateral shoulders provided. There is no evidence of significant functional limitation. There is also no evidence of a recent attempt at any conservative management prior to the request for x-rays. Given the above, the request is not medically necessary.

X-ray of the cervical spine: Upheld

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

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 and upper back problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. There was no comprehensive physical examination of the cervical spine provided for this review. There was no evidence of a significant functional limitation. There is also no mention of a recent attempt at conservative management prior to the request for an x-ray. Given the above, the request is not medically necessary.