MAXIMUS Federal Services

Case Number:	CM15-0064170		
Date Assigned:	04/10/2015	Date of Injury:	05/23/2014
Decision Date:	05/12/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/03/2015

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: Florida
Certification(s)/Specialty: Family Practice

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 38-year-old male, who sustained an industrial injury on 05/23/2014. He reported immediate pain in his head, neck, left shoulder, left arm, back and left knee. Treatment to date has included x-rays of the left shoulder and forearm, computed tomography scan of the head and neck, medications, 15 sessions of physical therapy, x-rays of the thoracic spine and lumbar spine and MRI of the neck and low back. According to a progress report dated 02/17/2015, chief complaints included headaches, neck pain radiating into the left shoulder, intermittent left shoulder pain with numbness and tingling radiating down the left upper extremity and constant low back pain. Diagnoses included cervicalgia, cervical spondylosis without myelopathy and shoulder arthralgia. Recommendations included physical therapy, Diclofenac and consider MRI of the left shoulder if it does not respond to therapy. According to a progress note dated 03/17/2014, the injured worker continued to struggle with cervical and lumbar spine pain as well as left shoulder pain. He had not benefitted from physical therapy, although they had only addressed the lumbar spine and he had participated in 4 sessions. Treatment recommendations included Diclofenac and MRI of the left shoulder to assess rotator cuff pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenace 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Pages: 64, 102-105, 66.

Decision rationale: NSAIDS. Pages: 64, 102-105, 66. In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Diclofenac is not medically necessary.

MRI of the left shoulder without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 207.

Decision rationale: MTUS guidelines state regarding special imaging studies in patients with shoulder complaints, "For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms." This patient has failed conservative therapy. His physical exam does show restricted range of motion of the left shoulder. It is reasonable to further evaluate his shoulder complaint at this time with an MRI. This request is considered medically necessary and appropriate.