MAXIMUS Federal Services

Case Number:	CM15-0068940		
Date Assigned:	04/16/2015	Date of Injury:	07/13/2011
Decision Date:	05/15/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/11/2015

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: Emergency 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 38 year old male who sustained an industrial injury on 7/13/11. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having lumbar post laminectomy syndrome, lumbar radiculopathy and right shoulder arthropathy. Treatments to date have included injections, physical therapy, psychological evaluations, transcutaneous electrical nerve stimulation unit, and heat/ice applications. Currently, the injured worker complains of pain in the back with radiation to the lower extremities. The plan of care was for diagnostics, home healthcare, and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation shoulder Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: The requested MRI of the right shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligamental instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has pain in the back with radiation to the lower extremities. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria noted above not having been met, MRI of the right shoulder is not medically necessary.

X-ray of the lumbar spine, pelvis, and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Hip & Pelvis Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic(Acute & Chronic), Radiography (x-rays).

Decision rationale: The requested X-ray of the lumbar spine, pelvis, and right shoulder , is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 303 note "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks;" and Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays) note "Radiography (x-rays) Not recommend routine x-rays in the absence of red flags." The injured worker has pain in the back with radiation to the lower extremities. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented applicable red flag conditions. The criteria noted above not having been met, X-ray of the lumbar spine, pelvis, and right shoulder is not medically necessary.

Home healthcare 8 hours x 5 days x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The requested Home healthcare 8 hours x 5 days x 6 weeks, is not medically necessary.CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note that home health services are "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The injured worker has pain in the back with radiation to the lower extremities. The treating physician has not documented what specific home health services are being requested nor their medical necessity. The criteria noted above not having been met, home healthcare 8 hours x 5 days x 6 weeks is not medically necessary.