

<b>Case Number:</b>	CM15-0073121		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	05/02/2008
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Preventive Medicine, Occupational 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:

This 75 year old male sustained an industrial injury to the shoulder and lumbar spine on 5/2/08. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, lumbar spine orthotic and medications. In a PR-2 dated 2/16/15, the injured worker complained of left shoulder pain 6/10 on the visual analog scale and low back pain 8/10 with radiation to the left lower extremity. The injured worker had a recent fall secondary to his left knee giving out with subsequent bilateral knee injuries. The injured worker was now using a four wheeled walker for ambulation. Physical exam was remarkable for left shoulder with positive popping and clicking and low back pain with tenderness to palpation. Current diagnoses included lumbar spine sprain/strain with left lower extremity radiculopathy, left shoulder sprain/strain with shoulder trauma, sleep disorder, history of coronary bypass and myocardial infarction. The treatment plan included a Solar Care FIR for the shoulder, a pain management consultation and physical therapy to the left shoulder. In late 2014 physical therapy for the shoulder and back were completed. There was no change in pain or function. An earlier request for a shoulder MRI was cancelled due to concerns of a prior bypass surgery and the use of anti-coagulants..

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy of lumbar Qty: 6.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Low Back Procedure Summary Online Version last updated 03/03/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** MTUS Guidelines supports limited physical therapy of up to 8-10 sessions for chronic pain issues. It is clearly documented that that a few months prior, this individual had a course of 6 sessions of physical therapy for the low back without any meaningful benefits. It is reasonable to assume that additional therapy has been provided in the past given that treatment for the low back as been provided for 7 years. The request exceeds what is Guideline recommended and there are no unusual circumstances (prior significant improvement, plans for return to work etc) to justify an exception to Guidelines. The request for 6 sessions of lumbar physical therapy is not supported by Guidelines and is not medically necessary.

**Acupuncture of lumbar Qty: 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** MTUS Guidelines recommend up to a trial of 6 sessions of acupuncture for treatment. If there is a significant improvement in an individual's condition, additional sessions are allowed per the Guidelines. This individual has had a prior 6 sessions and there were no significant improvements in pain or function. The request for another 6 sessions of acupuncture is not supported by Guidelines and is not medically necessary.

**MRI of left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 202. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Shoulder Procedure Summary Online Version last updated 02/27/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Records Radiologist reports contraindicated due to medical conditions.

**Decision rationale:** It is documented by the requesting physician that an earlier request for a left shoulder MRI was declined by the radiologist due to the risk factors of a prior cardiac bypass surgery and the current use of anticoagulants. There is no updated information found in the records reviewed that provides updated rationale for repeat ordering of the requested MRI. Until this issue is resolved, the left shoulder MRI appears contraindicated for safety reasons. Therefore, the request is not medically necessary.

**Pain management consult for lumbar spine and medication management:** 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)- TWC Low Back Procedure Summary Online Version last updated 03/03/2015.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

**Decision rationale:** MTUS Guidelines support the referral to specialists when the treating physician feels additional expertise is warranted. It is clear that this individual has inadequate pain relief and a consultation for pain management is consistent with Guidelines. The pain management consultation for the lumbar spine and chronic pain is supported by Guidelines and is medically necessary.