MAXIMUS Federal Services

| Case Number: | CM13-0067946 | | |
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| Date Assigned: | 01/03/2014 | Date of Injury: | 05/10/2013 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 11/19/2013 |
| Priority: | Standard | Application Received: | 12/18/2013 |

## 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: Texas, Florida, 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 is a 35-year-old male with a date of injury on 5-10-13. A review of the medical records indicates that the injured worker is undergoing treatment for a left shoulder and low back injury. Progress report dated 10-29-10 reports continued complaints of lower back pain from the right side lower back into the right buttock and right thigh associated with a burning sensation. The pain extends upward into the inferior left scapula and lateral left shoulder. He takes ibuprofen and Tramadol for symptom relief. He reported being treated with a dozen chiropractic treatments for a past accident in 1994. Physical exam reveals left shoulder has soreness and range of motion is 85-95% normal. He has tenderness in the lower back and range of motion produces pain. He has been off work since 5-10-13. MRI of left shoulder done on 9-7-13 revealed no fracture or dislocation and calcific density seen in the left humeral head suggestive of bone island. MRI of lumbar spine 9-7-13 revealed normal study. Request for authorization dated 11-12-13 was made for chiropractic treatment 2 times per week for 3 weeks, refill Tramadol and general surgeon. Utilization review dated 11-19-13 non-certified the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment to left shoulder and lumbar (6-sessions, 2 times a week for 3 weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The MTUS stipulates that the intended goal of this form of care is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It notes for that elective and maintenance care is not medically necessary. The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self-care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. Objective, functional improvement out of past rehabilitative efforts is not known. The request is not medically necessary.

**Refill Tramadol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of Tramadol is therefore not supported. The request is not medically necessary.

**General surgeon:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. It is not clear there is a surgical lesion present. There is no evidence of

exhaustion of care for the shoulder calcium. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. The request is not medically necessary.