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| Case Number: | CM14-0061007 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 01/03/2014 |
| Decision Date: | 09/28/2015 | UR Denial Date: | 04/10/2014 |
| Priority: | Standard | Application Received: | 05/01/2014 |

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 34 year old male who sustained an industrial injury on 1-3-14. His initial complaint was "severe worsening of his right shoulder pain. Low back pain, and left groin pain". He sustained the injury while lifting a heavy object. He continued to perform his job duties, however, the pain became so severe that he was "told to drive himself" to the hospital for evaluation. The First Report of Occupation Injury or Illness dated 3-24-14 indicates that the injured worker was treated with medications and sent home. The injured worker reported that no diagnostic studies were completed. The report states that the injured worker followed up with a medical provider on 1-6-14 and diagnosed with inguinal strain. He was referred to an industrial provider. The records states that "the medical attention was denied as he had previous medical care" at a hospital and sent home. The injured worker returned to the industrial clinic on 1-7-14. X-rays of his right shoulder, low back and inguinal region were completed. The treatment plan was for an abdominal CT scan, medication, and occupational therapy. The report indicates that the occupational therapy was completed, but "provided only slight relief of his symptoms". Other treatment modalities included the use of an interferential unit and moist heat. He reported that these decreased his pain and spasms, as well as reduced the need for medications. He was referred to an orthopedic surgeon following the completion of his CT scan. An MRI of the right shoulder and lumbar spine was requested. Further documentation of the injured worker's care and treatment is unavailable for review. The First Report of Occupational Injury or Illness dated 3-24-14 has pages 1 and 2 out of a 10-page report available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulative rehabilitative therapy 2 x 6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The patient presents with right shoulder pain, low back pain radiating to the right lower extremity, and left ankle pain. The request is for Chiropractic Manipulative Rehabilitative Therapy 2 X 6 For The Lumbar Spine. The request for authorization is dated 03/24/15. Physical examination of the shoulders reveal tenderness to palpation is present over the periscapular musculature and subacromial region extending over the anterior capsule and acromioclavicular joint. Codman's Drop test reveals slight breakaway weakness. Impingement test is positive. Exam of lumbar spine reveals tenderness to palpation over the lumbar paraspinal musculature extending over the lumbosacral junction and right sciatic notch region with associated muscle spasm. Straight leg raising test is positive. Per work status report dated 02/18/14, the patient is on modified duty. MTUS Guidelines, pages 58-59, Chronic Pain Medical Treatment Guidelines: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater does not discuss the request. Review of provided medical records do not indicate prior chiropractic treatment. The patient continues with low back pain with lower extremity symptoms. Given the patient's condition, a short course of chiropractic treatment would be appropriate. However, MTUS allows a trial of 6 visits over 2 weeks with evidence of objective functional improvement. The request for 12 sessions of Chiropractic Therapy exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar and Thoracic MRIs (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging) (L-spine).

Decision rationale: The patient presents with right shoulder pain, low back pain radiating to the right lower extremity, and left ankle pain. The request is for MRI Of The Lumbar Spine. The request for authorization is dated 03/24/15. Physical examination of the shoulders reveal

tenderness to palpation is present over the periscapular musculature and subacromial region extending over the anterior capsule and acromioclavicular joint. Codman's Drop test reveals slight breakaway weakness. Impingement test is positive. Exam of lumbar spine reveals tenderness to palpation over the lumbar paraspinal musculature extending over the lumbosacral junction and right sciatic notch region with associated muscle spasm. Straight leg raising test is positive. Per work status report dated 02/18/14, the patient is on modified duty. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Treater does not discuss the request. In this case, the patient continues with low back pain radiating to lower extremities. Physical exam of lumbar spine reveals tenderness to palpation over the lumbar paraspinal musculature extending over the lumbosacral junction and right sciatic notch region with associated muscle spasm. Straight leg raising test is positive. Review of provided medical records does not show a prior MRI of the lumbar spine. The request appears reasonable and within guideline indications. Therefore, the request is medically necessary.

Home interferential unit (OrthoStim4/moist heat pad/Thermophore): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS): Neuromuscular electrical stimulation (NMES devices): Galvanic Stimulation. Decision based on Non-MTUS Citation OrthoStim3/SurgiStim3 Manufacturer's web site.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: The patient presents with right shoulder pain, low back pain radiating to the right lower extremity, and left ankle pain. The request is for Home Interferential Unit (Orthostim4/Moist Heat Pad/Thermophore). The request for authorization is dated 03/24/15. Physical examination of the shoulders reveal tenderness to palpation is present over the periscapular musculature and subacromial region extending over the anterior capsule and acromioclavicular joint. Codman's Drop test reveals slight breakaway weakness. Impingement test is positive. Exam of lumbar spine reveals tenderness to palpation over the lumbar paraspinal musculature extending over the lumbosacral junction and right sciatic notch region with associated muscle spasm. Straight leg raising test is positive. Per work status report dated 02/18/14, the patient is on modified duty. MTUS (p 118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.) If those criteria are met, then a one-month trial may

be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. Treater does not discuss the request. Treater does not mention whether the request is for a rental or purchase. Review of provided medical records indicate many pages are illegible or missing. In this case, MTUS supports a 30-day trial before an IF unit is recommended. A successful trial with pain reduction and functional improvement is required, if indicated. Per progress report dated 03/24/15, treater notes, "The patient further reports that using the interferential unit and moist heat pad decreases his pain, spasm and need for medication. However, treater does no discuss or document how long the patient has used the IF Unit. Given the lack of documentation regarding a 30-day use of the IF unit, the request does not meet MTUS guidelines the request is not medically necessary.

General Surgery consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines: (Acute & Chronic) Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The patient presents with right shoulder pain, low back pain radiating to the right lower extremity, and left ankle pain. The request is for GENERAL SURGERY CONSULT. The request for authorization is dated 03/24/15. Physical examination of the shoulders reveal tenderness to palpation is present over the periscapular musculature and subacromial region extending over the anterior capsule and acromioclavicular joint. Codman's Drop test reveals slight breakaway weakness. Impingement test is positive. Exam of lumbar spine reveals tenderness to palpation over the lumbar paraspinal musculature extending over the lumbosacral junction and right sciatic notch region with associated muscle spasm. Straight leg raising test is positive. Per work status report dated 02/18/14, the patient is on modified duty. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: 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. Treater does not discuss the request. In this case, it would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a General Surgery Consult. Given the patient's condition, the request for a General Surgery Consult appears reasonable. Therefore, the request IS medically necessary.

Internal Medicine Consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines: (Acute & Chronic) Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The patient presents with right shoulder pain, low back pain radiating to the right lower extremity, and left ankle pain. The request is for INTERNAL MEDICINE CONSULT. The request for authorization is dated 03/24/15. Physical examination of the shoulders reveal tenderness to palpation is present over the periscapular musculature and subacromial region extending over the anterior capsule and acromioclavicular joint. Codman's Drop test reveals slight breakaway weakness. Impingement test is positive. Exam of lumbar spine reveals tenderness to palpation over the lumbar paraspinal musculature extending over the lumbosacral junction and right sciatic notch region with associated muscle spasm. Straight leg raising test is positive. Per work status report dated 02/18/14, the patient is on modified duty. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: 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. Per progress report dated 03/24/14, treater's reason for the request is "Gastrointestinal complaints including abdominal pain due to medication use." In this case, it would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Internal Medicine Consult. Given the patient's condition, the request for an Internal Medicine Consult appears reasonable. Therefore, the request IS medically necessary.

Psychology consult: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The patient presents with right shoulder pain, low back pain radiating to the right lower extremity, and left ankle pain. The request is for PSYCHOLOGY CONSULT. The request for authorization is dated 03/24/15. Physical examination of the shoulders reveal tenderness to palpation is present over the periscapular musculature and subacromial region extending over the anterior capsule and acromioclavicular joint. Codman's Drop test reveals slight breakaway weakness. Impingement test is positive. Exam of lumbar spine reveals tenderness to palpation over the lumbar paraspinal musculature extending over the lumbosacral junction and right sciatic notch region with associated muscle spasm. Straight leg raising test is positive. Per work status report dated 02/18/14, the patient is on modified duty. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: 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. Per progress report dated 03/24/14, treater's reason for the request is "Emotional complaints due to pain and disability and work-related stressors." In this case, it would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Psychology Consult. Given the patient's condition, the request for a Psychology Consult appears reasonable. Therefore, the request IS medically necessary.

