

Case Number:	CM13-0006352		
Date Assigned:	11/22/2013	Date of Injury:	06/13/2007
Decision Date:	01/23/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain, chronic neck pain, and chronic leg and hip pain reportedly associated with industrial injury of June 13, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture; transfer of care to and from various providers in various specialties; attorney representation; and extensive periods of time off of work. In a Utilization Review Report of July 17, 2013, the claims administrator denied a request for MRI imaging of cervical spine and denied a request for tramadol. The cervical spine MRI was denied on the grounds that the neck has not been accepted as a part of the industrial injury. Non-MTUS Guidelines were cited, it is further noted. The actual MRI of the cervical spine dated June 29, 2013 is notable for multilevel disk bulges, protrusion, and herniations with associated degenerative arthropathy and foraminal narrowing of uncertain clinical significance. In a clinical progress note of June 25, 2013, the applicant presents with neck pain, low back pain, leg and hip pain. The applicant is a represented former driver and pipe fitter. The applicant's neck pain radiates to the shoulder and has scored 7/10. The applicant was not working. The applicant had weakness about the bilateral upper extremities, it was stated, exhibited decreased grip strength, and had limited range of motion about the neck. The applicant was asked to obtain electrodiagnostic testing of upper extremities, new MRIs of the lumbar spine, an MRI of the right shoulder, and an MRI of cervical spine while employing tramadol, Tizanidine, Neurontin, Myofibex, and Ultracet for pain relief. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150 mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As noted on Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, however, the attending provider furnished the applicant with two short-acting opioid agents, namely tramadol and Ultracet (tramadol-acetaminophen). It is unclear why both tramadol and tramadol-acetaminophen were prescribed at the same time. No rationale for this variance from the guidelines was proffered by the attending provider. Therefore, the request is not certified.

Plain MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, MRI and/or CT scanning can be employed to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, there was some evidence of upper extremity radicular complaints. However, the applicant also reported multifocal pain complaints about the neck, low back, shoulder, etc. The applicant had a history of prior cervical MRI imaging, which was equivocal. It was not clearly stated that the applicant would act on the result of the updated cervical MRI. It was not clearly stated that the applicant would consider surgery and/or other invasive procedures based on the results of the MRI. It appears that the June 29, 2013 MRI, moreover, demonstrated low-grade disk bulges of uncertain clinical significance. It did not appear that the applicant in fact acted on the result of the cervical MRI. For all of these reasons, the proposed cervical MRI was not indicated and is therefore retrospectively not certified.