

Case Number:	CM13-0015701		
Date Assigned:	03/19/2014	Date of Injury:	11/21/2010
Decision Date:	04/07/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47 year old male with an injury date on 11/21/10. Based on the 06/11/13 PR-2 provided by [REDACTED], the patient presents with the following: 1) headaches on a daily basis ; 2) neck pain which radiates to the right upper arm and forearm at times with numbness ; 3) mid back pain; 4) low back pain which radiates to the buttock area with tingling sensation in the buttocks; numbness and tingling in the legs as well; 5) right shoulder pain; 6) numbness and tingling in the hands and aching in the wrists (slightly worse on the right than the left.) The QME dictated on 06/20/13 reports that the patient has noted ringing in both ears, feels depressed, has anxiety, and has difficulty concentrating/reading/hearing. He has also noticed vertigo which is associated with decreased hearing, neck pain, and nausea. The patient has right shoulder palpation tenderness at the acromioclavicular and superior deltoid regions, a mildly positive impingement sign and decreased range of motion. The lumbar spine had paravertebral muscle spasms/tightness, decreased range of motion and a positive straight leg test on the left. The thoracic spine has mild to slight paravertebral muscle spasms/tightness and tenderness from T3-T8. Cervical spine has slight to moderate muscle spasms/tightness, a positive right Spurling's sign and decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE NEUROSURGERY CONSULT FOR LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288,305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127, 303.

Decision rationale: According to the PR-2 from 06/11/13, the patient has "persistent left lumbar radicular symptoms and signs." The ACOEM Guidelines page 127 state "health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex..." There is no reason why this patient should not be afforded a specialty consultation to address persistent and chronic pain. The request is medically necessary and appropriate.

ONE SINGLE POSITIONAL MRI OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8. Decision based on Non-MTUS Citation Disability Guidelines- Neck and upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: A review of the medical records provided for review do not indicate that this patient has had an MRI of the thoracic spine. The Official Disability Guidelines states the following regarding standing MRI, "Not recommended. Standing magnetic resonance imaging (MRI) is considered experimental, investigational or unproven. It has not been demonstrated to provide any advantage over conventional (supine) MRIs. Standing MRIs (e.g., The Stand-Up MRI, FONAR, ██████████) allow patients to walk in and be scanned while standing, and they allow the spine, joints and other parts of the body to be imaged in the weight bearing state. In theory, if one can scan the patient in a load-bearing position, one can more accurately identify the precise source of pain. (Choyke, 2002) (Aetna 2005) (Cigna 2005.)" While a standard MRI of T-spine may be considered, there is lack of evidence support for a positional MRI. The request is not medically necessary and appropriate.

SERIES OF 6 CHIROPRACTIC-PHYSICAL THERAPY VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: According to a progress report in the medical records provided for review, the patient states "that he feels that the chiro tx is really helping him. He notices improvement in the neck, mid back and low back pain. The head pain that radiates from the neck and upper back into the eye and frontal region is better." The patient's hypersensitivity has improved as well and he is requesting more treatment. Review of the reports do not show any prior therapy or chiro

reports to know how many treatments over what time frame were provided. Without this information, one cannot consider additional treatments. While the MTUS Guidelines allow up to 18 sessions of chiro treatments following an initial trial of 3-6, in this case, chiro therapy treatment history is unknown. Given the lack of necessary information, the request is not medically necessary and appropriate.

ONE PRESCRIPTION OF TRAMADOL 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 80.

Decision rationale: Review of the reports submitted for review indicates that the patient's pain is adequately controlled with prescribed analgesics. The progress report dated 11/16/12 was the first report to mention the patient's prescription of Tramadol. This report states that the patient was currently taking his Tramadol medication to manage headaches. These "headaches occur daily and involve the entire head. The headaches are not associated with any focal neurologic symptoms." For long-term use of opiates, the MTUS Chronic Pain Guidelines require documentation of pain and function. Numeric scale or a validated instrument is required once every 6 months to document function. The Guidelines also require addressing the four A's (analgesia, ADL's, adverse effects and adverse events). In this case, the treater only has a general statement that it helps. This documentation is inadequate. The request for one prescription of Tramadol 50mg is not medically necessary and appropriate.

ONE PRESCRIPTION OF FLEXERIL 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The patient presents with muscle spasms/tightness in the lumbar, thoracic, and cervical spine. The AME reported on 05/07/13 cites that the first prescription of Flexeril was from 11/17/12. None of the reports mention the impact the medication had on the patient. According to the Final Determination Letter for IMR Case Number CM13-0015701 MTUS Chronic Pain Guidelines, Cyclobenzaprine is "not recommended to be used for longer than 2-3 weeks." Based on the review of the reports, the patient appears to be prescribed this medication on a long-term basis. There is also no evidence or documentation that it has done anything for the patient's pain or spasms. The request is not medically necessary and appropriate.