MAXIMUS Federal Services

Case Number:	CM13-0021941		
Date Assigned:	11/13/2013	Date of Injury:	10/14/2009
Decision Date:	01/21/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and Rehabilitation and Pain 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. 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 55-year-old female who reported an injury on 10/14/2009 after slipping on a wet surface. The patient's chronic pain was managed with medications. The patient was monitored for aberrant behavior with urine drug screens. The patient underwent and electrodiagnostic study that revealed no abnormalities. Physical findings included tenderness to palpation over the paravertebral musculatures of the cervical and lumbar spine with decreased range of motion. Discomfort is also noted with range of motion of the bilateral knees. The patient has pain complaints of 9/10 for the low back, right shoulder, neck, right wrist, left knee, and bilateral hips. The patient's diagnoses included cervical spine myofasciitis, left knee strain, right arm strain, right elbow sprain, right wrist sprain, right shoulder myofasciitis, lumbosacral myofasciitis, bilateral hip pain, and stress/depression. The patient received conservative treatment to include physical therapy, acupuncture, trigger point injections, and durable medical equipment. The patient's treatment plan was to continue the current level of treatment to include medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

The requested treatment for Norco 5/325mg: Upheld

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

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

Decision rationale: The requested Norco 5/325 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has continued pain complaints and is monitored for aberrant behavior. California Medical Treatment Utilization Schedule recommends opioids in the use for management of a patient's chronic pain be supported by an assessment of side effects, monitoring for aberrant behaviors, documentation of increased functional benefit, and documentation of pain relief. The clinical documentation submitted for review does not provide any evidence of functional benefit as it is related to the requested medication. Additionally, there is no documentation of pain relief as a result of this medication. As such, continued use would not be supported. Therefore, Norco 5/325 mg is not medically necessary or appropriate.

The requested MRI of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The requested MRI of the cervical spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine states that definitive neurological findings on physical examination, electrodiagnostic studies, or laboratory test would support the need for an imaging study. The clinical documentation submitted for review does provide evidence that the patient has had persistent pain complaints of the cervical spine. However, the most recent clinical evaluations do not include any evidence of neurological deficits. Therefore, an imaging study would not be supported. As such, the requested MRI of the cervical spine is not medically necessary or appropriate

The requested MRI of the Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested MRI of the thoracic spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent back complaints. However, the American College of Occupational and Environmental Medicine recommends imaging studies are necessary when there is definitive evidence of neurological compromise. The clinical documentation submitted for review does not

provide any evidence that the patient has any neurological deficits. As such, the requested MRI of the thoracic spine is not medically necessary or appropriate

The requested MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 12 Page(s): 303-305.

Decision rationale: The requested MRI of the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent back complaints. However, the American College of Occupational and Environmental Medicine recommends imaging studies are necessary when there is definitive evidence of neurological compromise. The clinical documentation submitted for review does not provide any evidence that the patient has any neurological deficits. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

The requested MRI of the Bilateral Shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The requested MRI for the bilateral shoulder is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has persistent pain complaints of the shoulders. However, American College of Occupational and Environmental Medicine recommends imaging studies be ordered when there are red flag conditions or the patient is a surgical candidate. The clinical documentation submitted for review does not provide any evidence that the patient is considering surgery. Additionally, there are no red flag conditions documented within the documentation. As such, the requested MRI of the bilateral shoulders is not medically necessary or appropriate.

The requested MRI of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The requested MRI for left knee is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent pain complaints of the left knee. American College of Occupational and Environmental Medicine recommend imaging studies be ordered when radiographic imaging is inconclusive and there is suspicion of internal derangement. The clinical documentation submitted for review does not provide evidence that the patient's pain is related to internal derangement. Additionally, there were no radiographic studies submitted for review. Also, there is no indication that the patient is a surgical candidate. As such, the requested MRI of the left knee is not medically necessary or appropriate.

The requested MRI of the Right Hip: 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 Official Disability Guidelines (ODG), Hip and Pelvis Chapter, MRI.

Decision rationale: The requested MRI of the right hip is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has persistent pain complaints. Official Disability Guidelines recommend an MRI with the suspicion of red flag conditions of the hip to include osteosis, osteonecrosis, occult or acute stress fracture, acute and chronic soft tissue injuries, and tumors. The clinical documentation submitted for review does not provide any evidence that the patient meets any of this red flag criteria. As such, the requested MRI of the right hip is not medically necessary or appropriate

The requested MRI of the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 82.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The requested MRI of the right wrist is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent pain complaints of the wrist. The American College of Occupational and Environmental Medicine indicates that an MRI for a chronic hand, wrist, or forearm disorder as an option prior to evaluation by a specialist. The clinical documentation submitted for review does not provide any evidence that the patient is a surgical candidate. As such, the requested MRI of the right wrist is not medically necessary or appropriate.

The request for MRI of the Right Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 271.

Decision rationale: The requested MRI of the right elbow is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not recommend the use of MRIs without evidence of plain, nondiagnostic x-rays. The clinical documentation submitted for review does not provide any evidence that the patient has undergone nondiagnostic radiographs. As such, the requested MRI of the right elbow is not medically necessary or appropriate.