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| Case Number: | CM13-0024362 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 03/10/2008 |
| Decision Date: | 01/13/2014 | UR Denial Date: | 09/09/2013 |
| Priority: | Standard | Application Received: | 09/12/2013 |

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 Licensed in Dentistry 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. 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 is licensed to practice in Illinois, Indiana, and Texas. 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 patient is a 26-year-old female who reported an injury on 03/10/2008. The patient was recently seen by [REDACTED] on 10/14/2013. The patient reported cervical spine pain with associated numbness and tingling, radicular pain in the right and left arm, and weakness. Physical examination revealed 5/5 motor strength throughout, tenderness to the right trapezius and supraspinatus muscles with spasm present, full range of motion of the cervical spine and right shoulder, 4/5 grip strength, and intact sensation. The patient also demonstrated normal gait, normal coordination, and normal deep tendon reflexes. The patient is diagnosed with marked exacerbation of axial cervical spine pain, mid-thoracic spine pain with potential disc disruption, cervical facet-mediated injury, carpal tunnel syndrome, lateral epicondylitis, chronic axial cervical spine pain, status post radiofrequency neurotomy on 09/22/2010, and status post radiofrequency neurolysis of the medial branch nerves bilaterally at C2-6 on 09/01/2012. Treatment recommendations included continuation of current medications, as well as physical therapy for acute exacerbation of chronic pain. Dental recommendations have included TMJ evaluation and possible occlusal stent fabrication for treatment of possible TMJ disorder. An examination of TMJ related issues was performed on 4/13/12 in which the patient was evaluated for facial pain, pain associated with palpation of the muscles of mastication, subjective evaluation of chewing comfort, as well as patient history

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental Care: Overturned

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 Journal of Manipulative and Physiological Therapeutics, section: Manipulative and multimodal therapy for upper extremity and temporomandibular disorders: a systematic review, 2013. 36(3): p. 143-201, and Dental Clinics of North America, Diagnosis and treatment of

Decision rationale: According to the notes entered on 4/13/12, the patient exhibits signs and symptoms consistent with TMJ dysfunction including limited mouth opening, clicking and popping of the joint, jaw pain, pain upon palpation of the muscles of mastication, and chewing difficulty. Further assessment and possible fabrication of an occlusal splint for stabilization treatment of the TMJ is medically necessary and appropriate.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, Section Magnetic Resonance Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Neck & Upper Back Chapter, Magnetic Resonance Imaging..

Decision rationale: California MTUS/ACOEM Practice Guidelines state criteria for ordering imaging studies includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Official Disability Guidelines state indications for imaging include chronic neck pain after 3 months of conservative treatment with normal radiographs and neurological signs and symptoms, neck pain with radiculopathy, chronic neck pain with spondylosis, old trauma, bone or disc margin destruction, and neurological signs and symptoms, suspected cervical spine trauma, known cervical spine trauma, and upper back and thoracic spine trauma with neurological deficit. As per the clinical notes submitted, the patient's latest physical examination on 10/14/2013 revealed 5/5 motor strength throughout, no loss of muscle mass, full range of motion of the cervical spine, normal coordination, normal proprioception sensation, normal deep tendon reflexes, and only tenderness to palpation over C2-6 facet capsules, and myofascial pain and triggering. The patient previously underwent an MRI of the cervical spine on 04/30/2013, which indicated straightening of the cervical alignment, post-traumatic ongoing muscle spasm, C5-6 greater than C6-7 and C7-

T1 disc space narrowing. There is no documentation of a significant change in the patient's symptoms or clinical findings that would warrant the need for a repeat imaging study at this time. Therefore, the current request cannot be determined as medically appropriate.

MRI of the brain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, Section Magnetic Resonance Imaging, and ODG, Head Chapter, Section 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), Treatment Index, 11th Edition (web), 2013, Head Chapter, Magnetic Resonance Imaging. .

Decision rationale: Official Disability Guidelines state magnetic resonance imaging may be appropriate to determine neurological deficit not explained by CT scan, to evaluate prolonged interval of disturbed consciousness, or to define evidence of acute changes superimposed on previous trauma or disease. As per the clinical notes submitted, the patient 's latest physical examination on 10/14/2013 revealed no apparent distress, normal head examination, normal gait, orientation x3, good coordination, normal proprioception sensations, and normal deep tendon reflexes. The patient does not demonstrate significant neurological deficits that would warrant the need for an MRI at this time. Therefore, the request is non-certified.

Sub-clavian upper extremity dopplers: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chapter Shoulder, section Arterial ultrasound TOS testing..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Shoulder Chapter, Arterial Ultrasound TOS testing..

Decision rationale: Official Disability Guidelines state arterial ultrasound is not recommended. Clinical tests for vascular thoracic outlet syndrome generally incorporate shoulder horizontal flexion and extension, abduction, and external rotation. Arterial evaluation using Doppler ultrasound has been suggested. Clinical decisions based on false positive outcomes have serious implications for mistreatment such as inappropriate surgical intervention; therefore, it is imperative that clinical decision is not based on these test outcomes alone. Further research is required to determine the cause of heterogeneous responses in asymptomatics and discover means to improve test specificity. The effect of clinical tests on blood flow characteristics and the most effective arm positions for detecting arterial compromise are unknown. There is no current documentation of symptoms or findings consistent with thoracic outlet syndrome to support the current medical necessity of the requested procedure. Therefore, the request is non-certified.

Prescription for Avinza 30 mg as needed for pain #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,74-82.

Decision rationale: California MTUS Guidelines state Avinza capsules are a brand of modified-release morphine sulfate indicated for once daily administration for the relief of moderate to severe breakthrough pain requiring continuous, around the clock opioid therapy for an extended period of time. Guidelines further state, a therapeutic trial of opioid medication should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized Avinza 30 mg. The patient continues to report 6/10 pain with radiation, numbness, tingling, aching, throbbing, sharp, pinching, and radicular sensation with weakness and headaches. The patient's physical examination continues to reveal tenderness of the mid-thoracic spinous process, myofascial pain and point tenderness, tenderness to palpation over the cervical facet capsules, myofascial pain with triggering, positive Spurling's maneuver, and positive compression testing. Satisfactory response to treatment has not been indicated by a decrease in pain, increase in function, or improved quality of life, Therefore, the ongoing use of this medication cannot be determined as medically appropriate. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.