

Case Number:	CM13-0027973		
Date Assigned:	03/14/2014	Date of Injury:	10/10/2009
Decision Date:	05/29/2014	UR Denial Date:	08/31/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 61 year old female patient status post (s/p) injury 10/10/09. The patient was seen for neck pain, bilateral shoulder pain, and low back pain. The 8/20/13 note from [REDACTED] stated that the patient complained of neck pain with pain and tingling in the hand and arm. There was right shoulder pain and left shoulder pain. There was low back pain noted with radiation into the right leg and toes with numbness and tingling. Examination revealed tenderness cervical paraspinal muscles. Sensation was intact in upper extremities. Motor strength was intact in bilateral upper extremities. There was absent bilateral triceps and brachioradialis reflexes. There was lumbar spine limited range of motion, decreased sensation over the right S1 dermatome, and 4/5 right extensor hallucis longus (EHL) weakness. Discussion stated that the patient has been in pain for several years and has been treated. Current medications included Losartin, Minoxidil, baby aspirin, Oxybutynin, premarin, motrin, and temazepam. She has been treated with activity modification, medication, physical therapy, and epidural steroid injection. She has had a previous MRI of the neck and bilateral shoulders. The 9/5/13 report stated that the patient's history and clinical findings clearly support possible if not probable neural or other soft tissue injury. Therefore an MRI is indicated. There is documentation of a previous adverse determination for cervical spine x-rays due to lack of red flag conditions related to the cervical spine. The lumbar radiographs were not recommended to be certified due to lack of red flag pathology or progressive neurological deficit. MRI of cervical spine was not recommended due to lack of documentation of clinical findings of progressive neurological deficit despite recent subjective complaints. The lumbar MRI was not recommended due to lack of documentation of red flag pathology and progressive neurological impairment. The urinalysis drug screen was not recommended as there was no evidence of any signs for potential misuse, addiction, or abuse. There was no current opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-RAY OF THE CERVICAL SPINE WITH AP, LATERAL, FLEXION AND EXTENSION VIEWS (RETROSPECTIVE REVIEW - DATE PERFORMED: 08/20/2013): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. This is a retrospective request. The 8/20/13 note noted no significant neurological deficits in the upper extremities and no progression of neurological symptoms to warrant flex-ex radiographs. The request is not medically necessary.

1 X-RAY OF THE LUMBAR SPINE WITH AP, LATERAL, FLEXION AND EXTENSION VIEWS (RETROSPECTIVE REVIEW - DATE PERFORMED: 08/20/2013): Overturned

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

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

Decision rationale: CA MTUS states that lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. This is a retrospective request. The 8/20/13 note did indicate that there was decreased sensation in the S1 dermatome and 4/5 EHL weakness. Given the neurological findings consistent with a dermatome, it seems that the requested lumbar flex-ex radiographs were medically necessary.

1 URINE DRUG SCREEN BETWEEN 8/20/2013 AND 10/11/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines #1: OPIATES, STEPS TO AVOID MISUSE/ADDICTION; #2: SUBSTANCE ABUSE.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The 8/20/13 note does not list any opioid medications included in the patient's current medications. There is no evidence as to when the most recent Urine Drug Screen (UDS) was administered. An assessment of risk factors was not outlined. Without clear indication that the patient was prescribed opiate medication during the time of the requested urine drug screen, it is not deemed medically necessary.

1 MRI SCAN OF THE CERVICAL SPINE BETWEEN 8/20/2013 AND 10/11/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK CHAPTER, MRI.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The records indicate that the patient had previously had a cervical MRI. This study is not provided. It is again unclear that the patient had any red flag conditions as represented by significant neurological deficits. There was no indication of progression of symptoms or development of new neurological complaints since the previous diagnostic work up. The request is not medically necessary.

1 MRI SCAN OF THE LUMBAR SPINE BETWEEN 8/20/2013 AND 10/11/2013:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, MRI.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The 8/20/13 note indicated that the patient was having back pain with lower extremity involvement. Physical examination showed decreased sensation S1 dermatome and decreased EHL strength. Given the correlating clinical findings, it seems that a diagnostic work up of the lumbar spine, including an MRI was medically indicated.