

Case Number:	CM13-0034994		
Date Assigned:	12/11/2013	Date of Injury:	01/07/2003
Decision Date:	04/18/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/16/2013

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 Occupational Medicine has a subspecialty in Physical Medicine and Rehabilitation 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 applicant is a 61-year-old female who has filed a claim for chronic pain syndrome, chronic shoulder pain, chronic neck pain, chronic low back pain, and myofascial pain syndrome reportedly associated with an industrial injury of January 7, 2003. Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties, prior cervical fusion surgery, sleep aids, and muscle relaxants. The applicant has reportedly retired from her former employment. In a clinical progress note of October 29, 2013, the applicant is described as reporting persistent low back and neck pain. She is reportedly "stable" and "doing fair." She is asked to continue her current medications. She is described in the problem list section of the report as carrying diagnoses of diabetes and hypertension since 2001. Her medication list includes Norco, tizanidine, Nucynta, Valium, and Ambien. Limited cervical range of motion with palpable tender points is noted. Similarly, limited lumbar range of motion and palpable tender point was also appreciated with some hyposensorium and weakness noted about the legs. The applicant did have an abnormal gait. Medications were renewed. In multiple other progress notes interspersed throughout 2012 and 2013, the applicant was described as off of work or retired. On September 27, 2013, the attending provider wrote that the applicant was given trigger point injections for myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL X-RAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, routine usage of radiography if red flags are absent is "not recommended." In this case, the attending provider has not furnished any clear rationale or narrative for the x-ray study in question. It is not clearly stated why cervical spine x-rays are being sought as the applicant is consistently described as having persistent longstanding pain complaints on multiple office visits interspersed throughout 2012 and 2013, referenced above. The applicant is consistently described as stable on her current medication regimen. There is no evidence of instability, fracture, or other acute onset phenomenon for which cervical spine x-rays would be indicated. Therefore, the request is not certified, on Independent Medical Review.

LUMBAR X-RAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, Page 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, routine usage of radiographs of the lumbar spine in the absence of red flags is "not recommended." In this case, the applicant has longstanding and largely stable low back pain issues which have been persistent for a period of several years removed from the industrial injury. No clear rationale for the test in question was proffered by the attending provider. It is not clearly stated that there is some recent, new onset lumbar spine trauma present which would compel radiographs at this late date, several years removed from the date of injury, March 7, 1995, for instance. Therefore, the request is likewise not certified, on Independent Medical Review.

LABS: COMPLETE BLOOD COUNT (CBC), CHEM-10, AND GLYCATED HEMOGLOBIN LEVELS TEST(HBA1C): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section on NSAIDS, American Diabetes Association (ADA).

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested laboratory testing in those applicants using NSAIDs chronically includes a "CBC and Chemistry Profile," the latter of which includes renal and hepatic function testing. In this case, while the applicant is not using NSAIDs, the applicant is using various opioids and muscle relaxants, including Norco, Tizanidine, and Nucynta. By implication, intermittent laboratory testing to monitor the applicant's renal function, hepatic function, and hematologic function to ensure that the applicant's current values are consistent with prescribed medications as indicated, appropriate, and, by analogy, supported by page 70 of the Chronic Pain Medical Treatment Guidelines. Therefore, the proposed CBC and Chem-10 portions of the request are certified. As noted by the American Diabetes Association (ADA), diabetes can be diagnosed and/or monitored by laboratory analysis via a hemoglobin A1c (HbA1c) test. Contrary to what was suggested by the claims administrator, the applicant in fact does seemingly carry a diagnosis of diabetes mellitus, apparently first made in 2011. Intermittent testing of the hemoglobin A1c is indicated and appropriate. Therefore, the request is likewise certified.