

Case Number:	CM13-0037073		
Date Assigned:	12/13/2013	Date of Injury:	10/30/2008
Decision Date:	08/12/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/22/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 53-year-old male who reported an injury on 10/30/2008, reportedly caused by an unspecified mechanism. The injured worker's treatment history included psychological treatment, pain management, physical therapy, surgery, and MRI. The injured worker was evaluated on 09/24/2013 and it was documented that the injured worker had pain when he twists or moves his neck in certain directions. He had numbness and paresthesias in his arms and difficulty swallowing. The injured worker had tenderness to even extreme light touch-palpation paraspinally in the posterior cervical spine. The injured worker had diminished sensation in the thumbs bilaterally. Forward flexion of his neck was 10 degrees, and extension was 15 degrees and his lateral flexion was 5 degrees in either direction. It was noted within the documentation that the injured worker had undergone an MRI of the cervical spine that concluded graft incorporation at the C4-5 level and at C6-7. He had some kyphosis at C7-T1. There was a very slight anterolisthesis at C3 on C4. It was noted that the injured worker was stable from a surgical standpoint, and his symptoms had not changed in an appreciable period of time. Range of motion was still quite limited, although it was noted that at times it was a little better. It was noted that the injured worker had seen pain management in the past; however, he had actually gotten off his pain medications. The injured worker's diagnoses included spinal stenosis in the cervical region; brachial neuritis/radiculitis, other; degeneration; and cervical IV disc nonunion of fracture. The Request for Authorization dated 10/07/2013 was for continued pain management and a cervical x-ray; however, the rationale was not provided for review.

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

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

Decision rationale: The request for cervical x-ray is not medically necessary. The American College of Occupational and Environmental Medicine guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The guidelines state the criteria for ordering imaging studies are: Emergence of a red flag; 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. There is no indication of tissue insult or neurologic dysfunction. There is lack of clinical medical rationale provided on why the request is required for another set of cervical X-rays, in addition the documentation provided stated that the injured worker seemed fairly stable from a surgical standpoint. Therefore, the request for the cervical X-ray is not medically necessary.

Continued Pain Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 8-14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic), Office Visits.

Decision rationale: The request for continued pain management with [REDACTED] is not medically necessary. Per the ODG, office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation indicated that the injured worker has already been seen by [REDACTED], and it was documented the injured worker is not on any pain medications. The request lacks evidence on why the injured worker needs to continue with [REDACTED] and is lacking treatment goals. Therefore, the request for to continue pain management is not medically necessary.