

Case Number:	CM13-0043655		
Date Assigned:	12/27/2013	Date of Injury:	07/06/2007
Decision Date:	02/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He 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 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 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 60-year-old female with date of injury on 07/06/2007. The progress report dated 10/04/2013 by [REDACTED] indicates that the patient's diagnoses include: Cervical pain, back pain, thoracic pain. The patient continues to complain of neck pain which is getting worse. The patient has occasional tingling in the left forearm and ulnar aspect of the hand. She feels her hand is weak. The patient had an EMG done in September that was normal, but the patient reported that the study was not fully completed due to pain from the needles. The patient also reports that chiropractic treatment has been helpful. Exam findings indicate that the patient had decreased range of motion and tenderness over the left cervical, trapezius, and upper thoracic muscles. Sensory exam indicated decreased sensation to light touch in the left upper extremity. Decreased strength to a 4-/5 in all left upper extremity muscle groups compared to 5/5 on the right with normal sensation on the right. A request was made for the patient to receive an MRI of the cervical spine. The patient was to continue Norco 5/325 mg 4 times a day for pain, continue ibuprofen 800 mg 3 times a day for pain, continue tramadol 50 mg 2 tablets 3 times daily. The patient was also recommended to continue chiropractic treatment, and request was made for 8 visits as the patient has reported improvement of pain from chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Chiropractic treatment x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The patient continues with neck pain with radicular symptoms into the left upper extremity. The patient has reported decreased pain with chiropractic treatment. It is unclear by the records provided how many treatments the patient has received in recent past. The amount of functional benefit gained from previous treatments is unclear other than the statement that the patient had decreased pain. No chiropractic treatment records were made available for review. MTUS page 58 regarding manual therapy and manipulation states that a trial of 6 chiropractic visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6 to 8 weeks is recommended. The records indicate the patient has had prior chiropractic treatment with decreased pain; however, this does not provide sufficient evidence of functional improvement, and it is unclear how many visits the patient has had previously over what period of time. Therefore, the recommendation is for denial.

Decision for Cervical MRI: Overturned

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

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

Decision rationale: This patient appears to have worsening of radicular symptoms into the left lower extremity. ACOEM Guidelines page 177 and 178 support the ordering of imaging studies in cases where physiologic evidence of tissue insult or neurologic dysfunction is present. It defines physiologic evidence as form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory test, or bone scans." ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. This patient has had an injury dating back 2007. The progress reports between 01/24/2013 and 10/04/2013 indicate that the patient has had occasional numbness and tingling into the left upper extremity and has recently been getting worse. The patient also had EMG study which was normal, but the patient was unable to complete the study due to pain from the needles. Request for MRI of the cervical spine appears to be reasonable at this point. Therefore, authorization is recommended.

Norco 5-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: The patient continued with chronic neck pain and upper extremity pain. The progress reports dated between 01/24/2013 and 10/04/2013 were reviewed. A total of 6 reports were reviewed in that time frame. None of these reports contained information regarding the patient's level of pain or functional improvement that was gained from the pain medication. MTUS page 88 and 89 regarding long-term uses of opioids requires that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using numerical scale or validated instrument. It is unclear if this medication is providing this patient with any functional benefit. Therefore, recommendation is for denial.

Ibuprofen 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient continues with chronic pain in the neck and left upper extremity. The treating provider does not provide discussion in his reports between 01/24/2013 and 10/04/2013 regarding the patient's functional improvement or reduced pain levels from the pain medication. Page 22 of MTUS Guidelines states that antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume. However, page 8 of MTUS Guidelines states that if the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment and plan and consider the use of other therapeutic modalities. The continuation or modification of pain management depends on the physician's evaluation of progress towards treatment objectives. It is unclear by the documents provided that the patient is being evaluated for satisfactory response to their pain medication. Therefore, recommendation is for denial.

Tramadol HCL 50 mg quantity 1620: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: The progress reports between 01/24/2013 and 10/04/2013 indicate the patient has been on long-term use of tramadol for pain management. However, there is no documentation of the 6 progress reports in that time frame that the patient has had significant decrease of pain or improved function on this medication. Page 88 and 89 of MTUS Guidelines state that for long term use of opioids, pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. None of the reports contain this information. Therefore, recommendation is for denial.