

Case Number:	CM13-0062499		
Date Assigned:	12/30/2013	Date of Injury:	08/03/2008
Decision Date:	04/03/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

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; Pain Management has a subspecialty in Interventional Spine 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 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. 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 patient is a 51-year-old female with date of injury of 08/03/2008. The listed diagnoses per [REDACTED] dated 11/22/2013 are: (1) Impingement (2) Carpal Tunnel Syndrome (3) Neck/back pain According to progress report dated 11/22/2013, the patient continues to complain of moderate neck pain as well as pain down the back to the right side of the lumbar spine. Physical examination shows cervical spine range of motion is full, but painful. She is moderately tender in the paraspinous muscles right greater than the left. Both shoulders are tender over the anterolateral acromion and AC joint. The left wrist is normal in appearance. Range of motion is full and pain-free. She still has some tenderness over FCR, and there is diffuse paraspinous tenderness in the thoracic and lumbar spine. The treater is requesting a consultation/evaluation of the neck and back and an MRI of the thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CON Evaluation and treat neck/back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, page 127

Decision rationale: This patient presents with chronic neck and back pain. Treater is requesting consultation/evaluation of the neck and back. Utilization review dated 12/02/2013 denied the request stating that due to lack of red flag signs and lack of neurological deficits, the necessity of the expertise of a spine surgeon is not supported. ACOEM Guidelines page 127 states the health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present or when pain or course of care may benefit from additional expertise. In this case, the treating physician appears to feel uncomfortable continuing to manage this patient's chronic and persistent pain in the neck and low back. Recommendation is for authorization.

MRI Thoracic/Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient presents with chronic neck and back pain. The treater is requesting an MRI of the thoracic/lumbar spine. Utilization review dated 12/02/2013 denied the request stating that "there were no red flag signs documented, no documentation of decreased sensation or reflexes, no treatment plans were provided, and the history of prior MRI testing was also not documented." ACOEM Guidelines page 177 to 178 list the criteria for ordering imaging studies which include 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 this procedure. ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence toward imaging studies if symptoms persist. Review of records show that the patient's last MRI was from 09/04/2013. Findings from this MRI were not made available for review. Progress report dated 08/23/2013 by [REDACTED] shows that the patient complains of back pain and neck pain. The treater, however, did not provide any physical examination of the mentioned area. It is also unclear what treatments have been utilized by the patient to treat the back pain. The treater does not explain why another set of MRI is required at this point. There are no new neurologic deficits, no new injury, no new symptoms. Recommendation is for denial.