

Case Number:	CM14-0005569		
Date Assigned:	01/24/2014	Date of Injury:	08/07/2013
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 patient has submitted a claim for toxic exposure, cervical and thoracic sprain/strain and myofascitis, and cervical facet induced pain associated with an industrial injury date of August 7, 2013. Medical records from 2013 were reviewed, the latest of which dated December 4, 2013 revealed that the patient complains of frequent neck pain with headache graded 3-8/10, upper back pain graded 2-8/10, dizziness and nausea. On examination of the cervical spine, there is tenderness and spasm over the paravertebral muscles and upper trapezius muscles bilaterally. There is tenderness and hypomobility over the vertebral regions from C2 to C7. Cervical compression and shoulder decompression tests are positive bilaterally. There is limitation in the range of motion of the cervical spine with flexion to approximately 30 degrees, extension to approximately 28 degrees, right lateral flexion to approximately 15 degrees, left lateral flexion to approximately 18 degrees, right rotation to approximately 40 degrees, and left rotation to approximately 43 degrees. Grip strength testing was done using Jamar Dynamometer with 5 attempts and produced the following results: left 20-20-22-20-20 and right 30-32-30-30-28. On examination of the thoracic spine, there is tenderness and spasm over the paravertebral muscles bilaterally. There is tenderness and hypomobility over the vertebral regions from T1 to T5. There is limitation in the range of motion of the thoracic spine with flexion to approximately 30 degrees, right rotation to approximately 13 degrees, and left rotation to approximately 15 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE X-RAY OF THE CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic).

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

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, guidelines support x-ray of the cervical spine in patients with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery. In this case, the patient has signs consistent with cervical sprain/strain and myofascitis. There is no documentation of new injury or trauma to the spine. Also, there is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing x-ray. Therefore, request for ONE X-RAY OF THE CERVICAL SPINE is not medically necessary.

ONE X-RAY OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic).

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

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, guidelines support x-ray of the thoracic spine in patients with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery. In this case, the patient has signs consistent with thoracic sprain/strain. There is no documentation of new injury or trauma to the spine. Also, there is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing x-ray. Therefore, request for one x-ray of the thoracic spine is not medically necessary and appropriate..

ONE MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 166, 171. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic)

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: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the cervical 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. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. The 12/3/13 medical report not only failed to document new injury or trauma to the spine, or a worsening of symptoms or clinical findings consistent with neurological impairment, but documented that "the patient has not yet started chiropractic or physiotherapy treatments". Since there was no documentation consistent with a worsening of subjective complaints and/or objective findings consistent with neurological impairment or failure of conservative therapy for 3 months to warrant further investigation by utilizing MRI, the request for one MRI of the cervical spine is not medically necessary and appropriate.

ONE MRI OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 166, 171. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the thoracic 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. In addition, Official Disability Guidelines recommends MRI for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy. The 12/3/13 medical report not only failed to document new injury or trauma to the spine, or a worsening of symptoms or clinical findings consistent with neurological impairment, but documented that "the patient has not yet started chiropractic or physiotherapy treatments". Since there was no documentation consistent with a worsening of subjective complaints and/or objective findings consistent with neurological impairment or failure of conservative therapy for 1 month to warrant further investigation by utilizing MRI, the request for one MRI of the thoracic spine is not medically necessary.