

Case Number:	CM14-0006055		
Date Assigned:	04/04/2014	Date of Injury:	04/07/2013
Decision Date:	05/27/2014	UR Denial Date:	12/23/2013
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 Preventive 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 reported a 4/7/13 date of injury. At the time (12/4/13) of request for authorization for one ortho consult and one thoracic x-ray, there is documentation of subjective (increased difficulty swallowing, constant left arm pain and paresthesia with radiation to the ulnar aspect of the left hand, daily headaches, 8 out of 10 neck pain, and persistent pain and tenderness in the area of the left posterior rib) and objective (decreased cervical range of motion, spasm and tenderness in the left superior trapezius, decreased sensation in the left C5 distribution, decreased strength with left shoulder abduction and elbow flexion, positive Tinel's sign in the left ulna, and 3+ tenderness to palpation in the left posterior 6th rib area with spasm) findings, current diagnoses (sprain/strain injury to cervical area rule out radiculopathy, thoracic sprain/strain, headaches, and ulnar neuropathy), and treatment to date (activity modification, medication, and physical therapy). In addition, 12/4/13 medical report plan identifies thoracic spine x-ray to evaluate thoracic pain following physical therapy manipulation and to rule out rib fracture; and orthopedic consult in view of refusal to authorize neuro consult. Regarding the requested one ortho consult, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR 1 ORTHO CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171 and 180.

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

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of sprain/strain injury to cervical area rule out radiculopathy, thoracic sprain/train, headaches, and ulnar neuropathy. However, given documentation of a plan identifying orthopedic consult in view of refusal to authorize neuro consult, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, the request for one ortho consult is not medically necessary and appropriate.

THE REQUEST FOR 1 THORACIC X-RAY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 77-178 180 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-178 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic Radiography (x-rays).

Decision rationale: MTUS reference to ACOEM identifies documentation of a three to four week period of conservative care plus a condition/diagnosis (with supportive subjective/objective findings) for which imaging studies is indicated (such as red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure), as criteria necessary to support the medical necessity of thoracic spine x-rays. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which thoracic spine x-rays are indicated (such as thoracic spine trauma: severe trauma, pain, no neurological deficit; or thoracic spine trauma: with neurological deficit) as criteria necessary to support the medical necessity of thoracic spine x-rays. Within the medical information available for review, there is documentation of a diagnosis of thoracic sprain/strain. In addition, given documentation of subjective findings (persistent pain and tenderness in the area of the left posterior rib), objective findings (3+ tenderness to palpation in the left posterior 6th rib area with spasm), conservative treatment (activity modification, medication, and physical therapy), and a plan identifying thoracic spine x-ray to evaluate thoracic pain following physical therapy manipulation and to rule out rib fracture, there is documentation of a three to four week period of

conservative care plus a condition/diagnosis (with supportive subjective/objective findings) for which imaging studies are indicated (red flags for fracture). Therefore, based on guidelines and a review of the evidence, the request for one thoracic x-ray is medically necessary and appropriate.