

Case Number:	CM14-0106541		
Date Assigned:	07/30/2014	Date of Injury:	02/01/2013
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 28-year-old worker female who reported an injury on 02/01/2013. The diagnosis included sprains and strains of the shoulder and upper arm and spasm of muscle. The mechanism of injury was repetitive motion. The prior treatments included acupuncture and medications as well as acupuncture and medications. The injured worker underwent electrodiagnostic study. The injured worker underwent an MRI of the right elbow. Additional therapies included a TENS unit. The documentation of 06/17/2014 revealed that the injured worker had cumulative trauma while working as a veterinarian. The documentation indicated that at the initial visit on 05/22/2014 there was a recommendation for cervical spine flexion and extension x-rays and a behavioral pain program that was denied. The documentation indicated that the injured worker underwent x-rays in addition to MRI studies of the brachial plexus. The injured worker's medications were noted to include Cymbalta, Voltaren gel, Gabapentin and Orphenadrine. The worker indicated her pain had become less with treatment. The documentation indicated objectively the cervical spine range of motion was within normal limits for flexion and extension and side bending but were decreased with rotation to the right and the injured worker had increased pain with rotation to the left. The injured worker had multiple trigger points palpated with referred pain to the shoulder trapezius and neck. The paraspinal muscles were tight and tender in addition to the trapezius muscles bilaterally. The treatment plan included chronic pain management, to continue Orphenadrine 100mg, Gabapentin, as well as Voltaren. Continue acupuncture treatments and continue Cymbalta. The original date of request was noted to be 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine flexion/extension xrays: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter.

Decision rationale: The California MTUS guidelines do not specifically address x-rays. They address other special diagnostic studies. As such secondary guidelines were sought. The Official Disability Guidelines indicate that x-rays are not recommended for injured workers who are alert, who have never lost consciousness, are not under the influence of alcohol or drugs, have no distracting injuries, have no cervical tenderness and have no neurologic findings. They do however indicate that x-rays are appropriate for chronic neck pain after 3 months of conservative treatment in injured workers less than 40 with no history of trauma and if it is the 1st study. The clinical documentation submitted for review failed to provide the original documentation requesting the x-rays and the rationale for flexion and extension x-rays. The original date of request was noted to be 05/22/2014. That note was not provided for review to support the necessity with objective findings. Given the above, the request for cervical spine flexion/extension x-rays is not medically necessary.

Behavioral pain program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The California MTUS guidelines recommend chronic pain programs. There is access to programs with proven successful outcomes for injured workers with conditions that put them at risk of delayed recovery. The criteria for the use of multidisciplinary pain programs include that an adequate and thorough evaluation has been made. Included are baseline functional testing so that the follow up with the same test can note functional improvement, or if previous methods of treating chronic pain have been unsuccessful. Their absence of other options is likely to result in significant clinical improvement or if the injured worker has a significant loss of ability to function independently resulting from chronic pain. Additionally, there should be documentation that the injured worker is not a candidate where surgery or other treatments would clearly be warranted. The clinical documentation submitted for review failed to provide a documented rationale for the requested intervention. There was lack of documentation indicating that previous methods of treating chronic pain had been unsuccessful as the injured worker was

noting improvement with therapy. Given the above, the request for behavioral pain program evaluation is not medically necessary.