MAXIMUS Federal Services

Case Number:	CM14-0107239		
Date Assigned:	08/01/2014	Date of Injury:	10/03/2005
Decision Date:	09/19/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/10/2014

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, 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 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 is a 44-year-old female with a date of injury of 10/03/2005. The injured worker's diagnosis includes chronic pain syndrome/fibromyalgia; status post cervical fusion, July of 2008; status post lumbar fusion, May of 2013; obesity; hypertension; right lateral epicondylitis and bilateral carpal tunnel syndrome. According to progress report 06/09/2014, the patient presents with continued neck and right elbow pain. Treater states chiropractic treatment has decreased right elbow pain and increased ranges of motion. Examination revealed right elbow pain at the lateral aspect with swelling. The patient has positive cervical compression test, spasm, and tenderness. Spurling's test was noted as positive. There is pain with cervical flexion and extension. Right elbow revealed tenderness at the lateral epicondyle. Treatment plan included CT scan of the cervical spine to evaluate for nonunion, chiropractic care 12 visits, and MRI of the right elbow. Utilization review denied the requests on 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN, CERVICAL: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (http://www.odg-twc.com/odgtwc/neck.htm#Gross2).

Decision rationale: This patient presents with continued pain in the neck and right elbow. The treater is requesting a CT scan of the cervical spine to evaluate for nonunion. Utilization review denied the request stating "the documentation provided does not clearly identify the reason for this suspicion in terms of clinical and x-ray findings supporting the need for further evaluation." ACOEM Guidelines page 309 states under CT recommendation are made when caudal equina, tumor, infection, or fracture is strongly suggested and plain film radiographs are negative. Official Disability Guidelines (ODG) state CT scans are not recommended except for trauma with neurological deficit and surgical planning. Spiral CT scans are optional as well. In this case, the treater is requesting a CT scan to further investigate possibility of a nonunion from prior cervical fusion. Given the patient's continued complaints of pain and positive examination findings, this request is medically necessary.

CHIROPRACTIC SERVICES WITH MODALITIES AND EXERCISE; 12 VISITS (2X6), RIGHT SHOULDER, RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and treatments Page(s): 58-59.

Decision rationale: This patient presents with continued neck and right elbow pain. The treater is requesting chiropractic services twice a week for 6 weeks. Treater states the patient's prior treatment include chiropractic visits, which "decreased right elbow pain and increased ranges of motion." MTUS recommends this as an optional trial of 6 visits over 2 weeks with evidence of functional improvement, total of up to 18 visits over 6 to 8 weeks. In this case, the treater does note a decrease in pain and increased of ranges of motion from prior chiropractic treatments. The number of sessions received to date is unclear. In this case, there is no documentation of functional improvement from prior treatment. Furthermore, the treater does not discuss return to work plan or decrease of medication from these treatments. As such, this request is not medically necessary.

MRI, RIGHT ELBOW: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (http://www.odg-twc.com/odgtwc/elbow.htm.

Decision rationale: The patient presents with continued neck and right elbow pain. The treater is requesting an MRI to rule out a tear in the right elbow. Utilization review denied the request stating there is no documentation of clinical findings suggestive of other conditions such as a

ligamentous tear. The Official Disability Guidelines (ODG) has the following regarding MRI of the elbow, "recommended as indicated below." Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. In this case, the patient continues to be symptomatic around the elbow with tenderness and swelling over the lateral epicondyle. It appears the patient has not had an MRI of the elbow in the recent past. ODG allows for MRI for various different diagnosis of the elbow. As such, this request is medically necessary.