

Case Number:	CM14-0110245		
Date Assigned:	08/01/2014	Date of Injury:	01/28/2011
Decision Date:	10/22/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/15/2014

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:

Injured worker is a female with date of injury 1/28/2011. Per orthopedic surgeon progress report dated 6/5/2014, the injured worker is complaining of neck spasms, headaches and moderate left arm symptoms. On examination she has healed burn scars on her neck and upper extremities. Lumbar and abdominal incisions are healed. She is able to toe walk and heel walk. Lumbar range of motion is not assessed. Reflexes appear to be 1+ in the upper and lower extremities. There are no signs of myelopathy. Sensation is grossly intact. Triceps strength on the left is 4+/5, full on the right. Biceps strength is full. Lower extremity strength appears to be full. She has palpable pulses. Diagnoses include 1) cervical disc disease at C3-4 and C5-6 2) status post ACDF at C6-7 3) status post lumbar decompression x2 4) status post ALIF at L%-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 VIEW RADIOGRAPH OF THE CERVICAL SPINE Qty 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 117-179.

Decision rationale: Per the MTUS Guidelines, the criteria for ordering imaging studies include 1) emergence of a red flag 2) physiologic evidence of tissue insult or neurologic dysfunction 3) failure to progress in a strengthening program intended to avoid surgery 4) clarification of the anatomy prior to an invasive procedure. It is noted that the claims administrator approved the request for cervical MRI. The reasoning provided also supports x-ray of the cervical spine as x-rays are generally done prior to determining the need of MRI. This injured worker has a decrease in triceps strength on the left which is a new symptom. The request for 4 View Radiograph of the Cervical Spine Qty 1 is medically necessary.

12 PANEL URINE DRUG SCREEN Qty 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids Criteria for Use section Page(s): 43; 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker is noted to recently have Norco discontinued, and is still prescribed Flexeril and Ativan which have abuse potential. This request is reasonable, and is consistent with the recommendations of the MTUS Guidelines. The request for 12 Panel Urine Drug Screen Qty 1 is medically necessary.

4 View XRAY of the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The MTUS Guidelines do not recommend the use of lumbar spine x-rays in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate with the physician believes it would be aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings such as disk bulges that are not the source of painful symptoms and do not warrant surgery. The current complaints and examination do not indicate that lumbar spine x-rays are indicated within the recommendations of the MTUS Guidelines. The requesting physician does not provide a rationale for this request. The request for 4 View X-Ray of the Lumbar Spine is not medically necessary.