

<b>Case Number:</b>	CM14-0127092		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Orthopedic Surgery 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:

This is a 42-year-old female who sustained a vocational injury on 11/26/12 while working as a maintenance worker. The office note dated 06/30/14 stated that she had no changes to her anxiety, depression, headaches, or her musculoskeletal pain of the head, neck, right ear and right cheek. It was also noted that the claimant's pain was reduced with rest and activity modification. She had been receiving chiropractic treatments once a week for the previous four weeks prior to the exam, described as temporarily helpful. Medications included Omeprazole and Ibuprofen. Examination was documented to show moderate distress, tenderness of the right jaw/cheek and over the occipital region. On the examination of the neck, she had diffuse stiffness and tenderness of the cervical spine. At the C1 through T1 levels, there was slight paraspinal tenderness bilaterally and slight spinal tenderness. Range of motion was within normal limits but noted to be painful. The report of a CT of the head showed mild to moderate ethmoidale sinusitis. The claimant was given diagnoses of headache, cervical sprain/strain, right ear pain, status post blunt trauma to the face, posttraumatic stress disorder and insomnia. An MRI, neurological consultation, spinal orthopedic consultation and a psychiatric consultation were all requested. The psychiatric evaluation was specifically requested to rule out any emotional, mental, malingering or maladjustment syndrome to determine if there was any pain related to psychological pathology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine:** 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 based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 8 Neck and Upper Back Complaints, page 177-179 and on the Non-MTUS Official Disability Guidelines (ODG); Neck and Upper Back chapter: Magnetic resonance imaging (MRI).

**Decision rationale:** California ACOEM Guidelines supported by the Official Disability Guidelines do not recommend the request for an MRI of the cervical spine. ACOEM Guidelines recommend that "Special studies are not needed unless a three to four week period of conservative care and observation fail to improve symptoms. Criteria for ordering MRIs of the cervical spine include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program in an attempt to avoid surgery, clarification of anatomy prior to invasive procedure, and physiologic evidence supporting definitive neurologic findings on physical exam, electrodiagnostic studies, laboratory tests or bone scans." Official Disability Guidelines note that an "MRI should really only be performed in the setting of chronic neck pain when plain radiographs fail to establish pathology or when neck pain with radiculopathy if severe is present or there are progressive neurologic deficits documented." The documentation presented for review fails to establish that there had been recent cervical spine plain radiographs which have failed to identify any pathology which may be responsible for the claimant's ongoing subjective complaints and pain. Documentation also fails to establish that there is abnormal physical exam objective findings consistent with radicular pain, neurologic deficit, loss of motion or instability. Therefore, based on the documentation presented for review and in accordance with California MTUS/ACOM and Official Disability Guidelines, the request for the cervical spine MRI cannot be considered medically necessary.

**Neurologist Consultation:** 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 X American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** The California ACOEM Guidelines do not support a consultation with a neurologist. ACOEM Guidelines recommend that "Consultations should be considered to aid in the diagnosis, prognosis, therapeutic measures, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. Consultants may be asked to act in an advisory capacity but may also be asked to take full responsibility for an investigation and/or treatment of an examinee or patient." In regards to the specific request of a neurologic consultation, documentation suggests the claimant has ongoing cervical pain; however, there is no clear abnormal physical exam objective findings presented for review which suggests radicular symptoms or neurologic findings to warrant a neurological consultation and subsequently, the request cannot be considered medically necessary.

**Psychological Consultation:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines : Psychological Consultations, page 100-102 Page(s): 100-102. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** ACOEM Guidelines note that "Consultations with specific subspecialties are requested to aid in a diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. Consultants are typically asked to act in an advisory capacity, however, may take full responsibility for an investigation and/or treatment of an examinee or patient." California Chronic Pain Medical Treatment Guidelines note that "Psychological evaluations are recommended and generally well accepted for use in individuals with chronic pain problems. Psychosocial evaluation should determine if further psychosocial interventions are indicated." Specifically in this case, it is noted that the claimant has ongoing issues related to a diagnosis of posttraumatic stress disorder which included anxiety and depression. On an office note from 06/25/14 it is documented that a psychiatric evaluation had been approved as of 06/25/14. Prior to considering a psychological evaluation, it would be reasonable to first see what the psychiatric evaluation, which has been approved, recommends and what information would be supplied. Therefore, based on California MTUS/ACOM as well as California Chronic Pain Medical Treatment Guidelines, the request for the psychological evaluation cannot be recommended medically necessary until the results of the approved psychiatric evaluation from 06/25/14 have been first reviewed.

**Orthopedic Consultation:** 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 X American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** In regards to the fourth request for an orthopedic consultation, California ACOEM Guidelines suggest that "Consultations are used to aid in a diagnosis, prognosis, therapeutic management as well as determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. Typically, a consultant is usually asked to act in an advisory capacity, but sometimes may take responsibility for an investigation and/or treatment of an examinee or patient." Currently, the documentation presented for review with regards to this specific claimant, does not contain any recent abnormal physical exam objective findings or diagnostic studies which confirm pathology which may be amendable or for which an orthopedic surgeon may be able to provide appropriate recommendations. In addition, there is no documentation of quantitative or qualitative objective deficits resulting in functional limitations of which an orthopedic consultation may be of any short or long term benefit. Therefore, based on the documentation presented for review and in accordance with California MTUS/ACOEM Guidelines, the request for the orthopedic consultation cannot be considered medically necessary.

