MAXIMUS Federal Services

Case Number:	CM14-0154129		
Date Assigned:	10/27/2014	Date of Injury:	01/19/2014
Decision Date:	12/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 Pain Medicineand 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 injured worker is a 54 year-old female with a date of injury of January 19, 2014. The patient's industrially related diagnoses include cervical disc degeneration, cervical spine strain, bilateral wrist strain due to continuous trauma, and cervical radiculopathy. The injured worker had x-rays of cervical spine (6 views) on 1/21/2014 that showed diffuse cervical spondylosis, most pronounced at C6-C7. The injured worker completed chiropractic therapy and physical therapy with limited relief. She had her initial pain management evaluation on 4/21/2014 and a cervical epidural injection on 6/9/2014. However, after the injection, her neck pain worsened with increased headaches. The disputed issues are a request for x-rays of the cervical spine (7 views), x-rays of the wrists (3 views), a Pain Management consultation, and a Spine Surgery consultation. A utilization review determination on 9/11/2014 had non-certified these requests. The stated rationale for the denial of the cervical x-rays was: "A cervical x-ray did not appear to be clinically indicated at the date of service. An earlier cervical x-ray already showed cervical spondylosis and no evidence of fracture or subluxation. The more recent examination revealed no substantial findings in the cervical region that would necessitate an updated x-ray." The stated rationale for the denial of the wrist x-rays was: "Wrist x-rays did not appear to be medically necessary at the date of service. Current objective findings showed no substantial evidence indicative of wrist dysfunction to warrant imaging." The stated rationale for the denial of pain management consultation was: "A new pain management consultation does not appear to be medically reasonable. Although the patient complained of ongoing neck pain and radicular symptoms, records showed that the patient has already been seeing a pain management specialist since April 2014. Recent reporting showed no significant changes in clinical findings to warrant a new referral." Lastly, the stated rationale for the denial of a spine surgery consultation was: "Although the patient had persistent neck pain with radicular symptoms, records show that the

patient already had a surgical referral that did not recommend surgery. In addition, the most recent examination findings showed no substantial evidence of a lesion at a specific cervical level to necessitate another consultation."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-Ray of The Cervical Spine (7 Views): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Radiography

Decision rationale: In regard to the request for cervical spine x-rays (7 views), Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with neck pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 4-6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms.In the submitted documentation available for review, it is clear the injured worker has had substantial imaging already provided in the form of x-rays of cervical spine (6 views) on 1/21/2014 that showed diffuse cervical spondylosis, most pronounced at C6-C7. It is indicated in the documentation that the injured worker also had a cervical spine MRI, but the report was not available for review. In the consultation report dated 8/12/2014, there was no documentation of substantial changes in the subjective complaints or new findings in the physical examination to warrant repeat cervical x-rays (7 views). Based on the guidelines and the documentation, medical necessity for repeat cervical x-ray (7 views) cannot be established.

1 X-Ray of The Wrists (3 Views): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268 and 272.

Decision rationale: In regard to the request for 3 view x-rays of both wrists, California MTUS supports x-rays for red flag conditions such as fracture, dislocation, and osteoarthritis, or after a 4-6 week period of conservative treatment when specific conditions such as a scaphoid fracture are suspected. The guidelines recommend against routine use for evaluation of forearm, wrist, and hand conditions. In the submitted documentation available for review, there was no documentation regarding wrist pathology in the previous medical records until 8/12/2014. In the consultation report on 8/12/2014, there were no significant findings on the physical examination

indicating a wrist pathology for which an x-ray would be recommended. Furthermore, there is no documentation that the injured worker has failed conservative treatment for this diagnosis. Based on the guidelines, the currently requested 3 view x-rays of both wrists are not medically necessary.

1 Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation chronic pain disorder medical treatment guidelines ,page 56

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, (2004) Independent Medical Examinations and Consultations Chapter, page(s) 127

Decision rationale: In regard to the request for referral to pain management for consultation, the California MTUS does not address this issue. The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In the submitted documentation available for review, the treating physician referred the injured worker to a specialist in the field of pain management for the supervision of a regimen of narcotic pain medications. However, the injured worker already had a pain management evaluation on 4/21/2014 with subsequent follow up visits, and there is documentation that the injured worker was already prescribed narcotics in the form of Norco. There is no clear indication for another pain consultation, and the treating physician did not provide a rationale for a second referral. Based on the documentation, the request for a pain management consultation is not medically necessary.

1 Spine Surgery Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 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, (2004) Independent Medical Examinations and Consultations Chapter, page(s) 127

Decision rationale: In regard to the request for referral to spine surgery consultation, the California MTUS does not address this issue. The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In the submitted documentation available for review, the treating physician referred the injured worker to a spine surgeon due to the injured worker's failed conservative treatment and failed epidural injections. However, the

injured worker already had an orthopedic spine evaluation on 8/7/2014, and the spine surgeon did not recommend aggressive surgery but recommended continuation of conservative care. There was no documentation of significant change in symptoms since the evaluation with the spine surgeon to warrant a second spine surgery consultation, and the treating physician did not address why the first consultation was inadequate. Based on the documentation, the request for a spine surgery consultation is not medically necessary.