

Case Number:	CM14-0159581		
Date Assigned:	10/03/2014	Date of Injury:	01/25/2011
Decision Date:	11/26/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

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 Internal 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:

The injured worker (IW) is a 50-year-old woman with a history of some neck pain and right arm numbness in 2002, which resolved. She sustained new onset of the neck pain and back pain after a fall while working as a stock person. The dated of injury is documented as January 25, 2011. A QME dated May 13, 2014 recommends brain MRI, thoracic spine MRI and physical therapy. The provider is contemplating acupuncture treatment and has discussed a spinal cord stimulator trial with the IW. Pursuant to a progress note dated September 9, 2014, the IW indicated that she has a flare-up of low back pain with radiation to her bilateral lower extremities. She states that previous lumbar epidural steroid injection was performed 1 years ago that gave her >50% relief lasting 3-4 months in duration. She continues to complain of worsening neck pain with radiculopathy to the upper bilateral extremities as well as more neck stiffness and associated bilateral upper extremity weakness. This is causing her to drop things. She has cervicogenic headaches along with nausea. She had a C-spine MRI July 20, 2014; however, the report has not been received. She states no significant relief with cervical epidural steroid injection. She rated her pain as 6-7/10. The reports that she discontinued all of her pain medications due to delays in authorization as well as GI upset (burning in the lower abdomen). She is interested in alternative treatment options for her chronic pain areas, as she does not currently want to take oral medications due to GI issues. Physical examination revealed decrease range of motion in the neck. She holds her neck stiffly throughout exam. Neck is tender to palpation right and She had decreased grip strength bilaterally, sensory deficits in C6-T1 dermatomes right and left. She ambulates with a steady gait without the use of assistive devices. Straight leg raise positive bilaterally. She is diagnosed with cervicgia, lumbar radiculitis, sciatica, thoracic pain, and chronic headaches. She is not taking any medications. The following authorizations have been requested or are pending: Urologist referral, brain MRI, T-spine MRI, physical therapy for C-

spine, acupuncture, neurology referral, pain psychologist for cognitive behavioral therapy, and possible spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Brain: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section; MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the brain is not medically necessary. Indications for magnetic resonance imaging include determining neurologic deficits not explained by CT scan; to explain or evaluate prolonged interval of disturbed consciousness; and to find evidence of acute changes superimposed on previous trauma or disease. In this case, the injured worker had chronic headaches, thoracolumbar pain, chronic cervicgia, recurrent myofascial strain, and worsening bilateral upper radiculopathy. Although the injured worker had chronic headaches, there were no neurologic deficits and no changes in sensorium. There were no acute red flag conditions and no acute neurologic dysfunction, so the MRI of The Brain is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence based guidelines, MRI evaluation of the brain is not medically necessary.

MRI Thoracic 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 web 2012 "Low Back"-MRI's

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI evaluation of the thoracic spine is not medically necessary. The guidelines recommends MRI with thoracic spine trauma: with neurologic deficit. In this case, there were no acute red flag conditions such as recurrent trauma, dislocation, neurologic deficit for any other condition that warranted MRI evaluation. Consequently, MRI evaluation thoracic spine is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the MRI thoracic spine is not medically necessary.

Referral to Spinal Surgeon for Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines page 127

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), Consultations, Page 127; Official Disability Guidelines (ODG); Office Visits

Decision rationale: Pursuant to the ACOEM, the referral to spinal surgeon for cervical spine is not medically necessary. The ACOEM guidelines state "the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise." A referral may be: consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss, and the fitness for return to work. A consultant is usually asked to not act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of the patient. In this case, there is no clinical indication for referral to a spine surgeon for the cervical spine. There is no clinical evidence or deterioration of neurologic dysfunction involving the cervical nerve roots or the cervical region in general. The presence of or an exacerbation of radiculopathy pain is not an indication for referral to a spine surgeon. Consequently, referral to a Spine Surgeon for The Cervical Spine is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed medical-based guidelines, referral to a Spinal Surgeon for The Cervical Spine is not medically necessary.

Referral to Pain Psych: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines page 127

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), Consultants, Page 127; Official Disability Guidelines (ODG); Office visits

Decision rationale: Pursuant to the ACOEM, the referral to Pain Psychiatrist/Psychologist is not medically necessary. The ACOEM guidelines state quote the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. A referral may be: consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss, and the fitness for return to work. A consultant is usually asked to not act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of the patient. In this case, the injured worker is already being seen in consultation by a neurologist and psychiatrist. There are no additional clinical problems or indications that warrant referral to another consultant in the same specialty. Consequently, referral to a pain psychologist/psychiatrist is not medically

necessary. Based on clinical information in the medical record in the peer review evidence-based guidelines, the referral to a Pain Psychologist/Psychiatrist is not medically necessary.