MAXIMUS Federal Services

Case Number:	CM14-0170329		
Date Assigned:	10/20/2014	Date of Injury:	04/13/2012
Decision Date:	12/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old female with a 4/13/12 date of injury. The mechanism of injury occurred as a result of a fall. According to the most recent progress report provided for review, dated 7/21/14, the patient complained of constant achy, burning pain in her neck and both shoulders with radiating pain to the bilateral upper extremities. She also complained of intermittent sharp pain in her low back with radiating pain to the bilateral lower extremities. She rated the severity of her pain as 8 to 9 without medication or therapy. The pain was reduced to 7 with medications only. Her medication regimen consisted of Tramadol, Omeprazole, Cyclobenzaprine, and Gabapentin. Objective findings: tenderness to palpation with muscular spasm over the cervical paraspinal musculature, decreased cervical range of motion with pain, tenderness to palpation over the anterior and posterior aspects of bilateral shoulders with decreased range of motion, tenderness to palpation with muscular spasm over the lumbar paraspinal musculature with decreased range of motion with pain. Diagnostic impression: cervical spine HNP, bilateral shoulder tendinitis, lumbar spine HNP with radiculopathy. Treatment to date: medication management, activity modification, physical therapy.A UR decision dated 9/23/14 denied the requests for urinalysis for toxicology, MRI Cervical spine, X-ray cervical spine follow-up visits, and neuro consult. Regarding urinalysis, there was detailed documentation of excessive narcotics usage and no information identifying drug misuse. Regarding MRI, the provider has not documented red flag signs, the findings of the past MRIs of the cervical spine were not documented, and there are no plans for treatment documented. Regarding X-ray, the findings of the past X-rays of the cervical spine were not documented and no plans for treatment were documented. Regarding neuro consult, there are no red flag signs documented and no clear rationale provided for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis for toxicology: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238,Chronic Pain Treatment Guidelines Drug Testing; Urine Testing in Ongoing Opiate Management Page(s): 43;78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the present case, it is documented that this patient is taking tramadol. Guidelines support routine urine drug screens in patients utilizing chronic opioid therapy to monitor for drug compliance and misuse. Therefore, the request for Urinalysis for toxicology was medically necessary.

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180,Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - MRI

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, according to the reports provided for review, there is no documentation of focal neurological deficits noted on physical examination. In addition, there is no discussion regarding prior imaging. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request for MRI of the cervical spine was not medically necessary.

X-ray of the cervical spine follow-up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180,Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Chapter - Office Visits

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment. However, according to the reports provided for review, there is no objective evidence of neurological compromise. There are no new red flag findings on physical examination. In addition, there is no mention of surgical consideration. Because the medical necessity of the cervical X-ray has not been established, the associated request for a follow-up visit cannot be substantiated. In addition, there is no documentation that this patient has had a cervical X-ray performed that requires a follow-up visit to review. Therefore, the request for X-ray of the cervical spine follow-up visit is not medically necessary and appropriate.

Neuro consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations, page(s) 127, 156 Official Disability Guidelines (ODG) Pain Chapter - Office Visits

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists 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. However, according to the reports provided for review, there is no objective evidence of neurological compromise. There is no rationale provided as to why this patient requires a neuro consult at this time. It is unclear why this request is being made at this time. Therefore, the request for Neuro consult was not medically necessary.