

Case Number:	CM14-0183601		
Date Assigned:	11/10/2014	Date of Injury:	07/09/2012
Decision Date:	12/26/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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:

The patient is a 48-year-old male who has submitted a claim for status post cervical spine fusion, right shoulder sprain and strain, lumbar spine sprain/strain, and bilateral knee chondromalacia with internal derangement associated with an industrial injury date of 7/9/2012. Medical records from 2014 were reviewed. The patient complained of constant, sharp pain in the neck. The pain radiated into both shoulders, into the right arm and into the right hand. The pain was rated 8/10 in severity. The patient also complained of constant, sharp pain in the right shoulder associated with numbness sensation to the right hand. The patient experienced constant, sharp pain in the upper and lower back radiating into bilateral lower extremities rated 7/10 in severity. Physical examination of the cervical spine showed tenderness, negative axial compression test, and restricted motion. Examination of the right shoulder showed minimally restricted motion, negative impingement sign, and intact reflexes. Motor strength was normal. Sensation was diminished at right C6 dermatome. Examination of the lumbar spine showed tenderness, muscle spasm, and limited motion. Straight leg raise test was positive on the right. Reflexes and sensory exam were intact. MRI of the cervical spine from 5/22/2013 revealed a large right lateral and foramina disc protrusion at C6 to C7, with obliteration of the right neural foramina and right side of the spinal cord. Treatment to date has included cervical discectomy in May 2013, chiropractic care, physical therapy and medications. The utilization review from 10/28/2014 denied the request for MRI of the cervical spine because a recent MRI from February 2014 had been performed; denied MRI of the thoracic spine because of absence of neurologic deficits; denied consultation orthopedic, right shoulder because of no documented treatment expectations that would warrant the referral, when MRI result of the shoulder from 6/24/2014 was minimal; denied durable medical equipment home exercise kit for the cervical spine because of no detailed description of its constituents.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 172 and 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The California MTUS ACOEM guidelines support 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. In this case, the patient is status post cervical discectomy (May 2013). MRI of the cervical spine performed on 5/22/2013 revealed a large right lateral and foramina disc protrusion at C6 to C7, with obliteration of the right neural foramina and right side of the spinal cord. However, the patient complained of persistent constant, sharp pain in the neck. The pain radiated into both shoulders and into the right hand. The pain was rated 8/10 in severity. Physical examination of the cervical spine showed tenderness, negative axial compression test, and restricted motion. Motor strength was normal. Sensation was diminished at right C6 dermatome. Given the persistent worsening of symptoms despite surgery and conservative measures, it is reasonable to perform a repeat imaging at this time. Therefore, the request for MRI of the cervical spine is medically necessary.

Consultation Orthopedic for the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, 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), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient complained of constant, sharp pain in the right shoulder associated with numbness sensation to the right hand. Examination of the right shoulder showed minimally restricted motion, negative impingement sign, and intact reflexes. Motor strength was normal. Sensation was diminished at right C6 dermatome. However, there is no clear rationale for referral to orthopedic surgery when examination findings showed minimal physical impairments. The medical necessity cannot be established due to insufficient information. Therefore, the request for consultation orthopedic for the right shoulder is not medically necessary.

MRI of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI

Decision rationale: ACOEMs stated on pages 303-304 of the ACOEM Practice Guidelines referenced by California MTUS, imaging of the thoracic spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for uncomplicated back pain, with radiculopathy, after at least 1 month of conservative therapy. In this case, the patient experienced constant, sharp pain in the upper and lower back radiating into bilateral lower extremities rated 7/10 in severity. Examination of the lumbar spine showed tenderness, muscle spasm, and limited motion. Straight leg raise test was positive on the right. Reflexes and sensory exam were intact. However, there is limited physical examination finding of the thoracic area. There is likewise no evidence of new injury or trauma to the spine which may warrant diagnostic imaging. There is no focal neurologic deficit noted. Therefore, request for MRI of the thoracic spine is not medically necessary.

Home Exercise Kit Evaluation for the Cervical Spine, Quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Home exercise kits; Knee & Leg Chapter, Exercise equipment and durable medical equipment

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. Official Disability Guidelines, Shoulder Chapter recommends home exercise kits where home exercise programs and active self-directed home physical therapy are recommended. The Official Disability Guidelines, Knee and Leg Chapter states that exercise equipment are considered not primarily medical in nature. It also states that durable medical equipment should be primarily and customarily used to serve a medical purpose. In this case, the patient completed a course of physical therapy. However, there is no documentation of a home exercise program. The home exercise kits cannot be deemed medically appropriate because there is no documentation that the patient has been taught home exercises and general instructions for its use. Furthermore the exact content of the exercise kit was not described in the progress reports. It is unclear if the included

equipment can be considered part of medical treatment. Therefore, the request for home exercise kit evaluation for the cervical spine, quantity: 1 is not medically necessary.