

Case Number:	CM14-0027603		
Date Assigned:	06/20/2014	Date of Injury:	06/10/2013
Decision Date:	07/17/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 66-year-old female with a reported date of injury on 06/10/2013. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with continued soreness of the left side of her neck. Upon physical examination, the injured worker's cervical range of motion revealed to be complete in forward flexion, the physician indicated the remainder motions were 75% of normal. The neurological examination of the upper extremities revealed no motor weakness or sensory loss. Reflexes were at +2 and equal at the biceps, triceps, and brachioradialis levels. The cervical MRI dated 08/07/2013 revealed multilevel cervical spondylosis with canal stenosis at C3, C4, C5, and C6 as well as postoperative x-rays demonstrating an anterior interbody arthrodesis at C4-5 and C5-6 with retained hardware. The cervical spine MRI dated 02/20/2014 revealed interbody arthrodesis at C4-5 and C5-6, retained hardware from C4-6 and severe disc space collapse at C3-4 and C6-7. The results of the MRI dated 04/08/2014 revealed status post anterior cervical discectomy and interbody arthrodesis at C4-5 and C5-6 with internal fixation, advanced degenerative disc disease at C3-4 and C6-7, and disc bulging at C3-4 and C6-7 without significant cord compromise. Electro diagnostic studies dated 06/17/2014 revealed no EMG evidence of bilateral cervical radiculopathy or brachial plexopathy with active or chronic denervation. The injured worker's diagnoses included status post anterior cervical discectomy and interbody arthrodesis at C4-5 and C5-6, advanced degenerative disc disease at C3-4 and C6-7, and stage 4 carcinoma of the lung. The injured worker's medication regimen was not provided within the documentation available for review. The request for authorization for Blood work: BUN and Creatinine was submitted and signed, but not dated. The rationale for the request was not available within the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood work: BUN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternate guidelines, Diagnosis and management of adults with chronic kidney disease, Interventions and Practices Considered.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MedlinePlus.

Decision rationale: According to MedlinePlus, BUN stands for blood urea nitrogen. Urea nitrogen forms when proteins break down. The BUN test can be done to measure the amount of urea nitrogen in the blood. BUN test is often done to check kidney function. The clinical information provided for review lacks documentation related to the concerns of kidney function. There is a lack of documentation as to the rationale for the request for BUN. Therefore, the request for blood work: BUN is not medically necessary.

Blood work: creatinine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternate guidelines, Diagnosis and management of adults with chronic kidney disease, Interventions and Practices Considered.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MedlinePlus.

Decision rationale: Creatinine blood test measures the level of creatinine in the blood. This test is done to see how well your kidneys work according to MedlinePlus. Creatine is a chemical made by the body and is used to supply energy mainly to muscles. Creatinine is removed from the body entirely by the kidneys. If kidney function is not normal, creatinine level increases in your blood. This is because less creatinine is released through your urine. There is a lack of documentation related to the physician's concern for the injured worker's kidney function. The rationale for the request was not provided within the documentation available for review. Therefore, the request for blood work: creatinine is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (updated 12/16/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Magnetic Resonance Imaging (MRI).

Decision rationale: The California MTUS/ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. Physiological evidence may be in the form of definitive neurological findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. Physiological evidence indicates tissue insult or nerve impairment, consider discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause. Additional studies may be considered to further define problem areas. The Official Disability Guidelines state that magnetic resonance imaging (MRI) is not recommended; Cases for imaging according to Official Disability Guidelines would include chronic neck pain after 3 month conservative treatment, neck pain with radiculopathy if severe, progressive neurological deficit, known cervical spine trauma with equivocal or positive plain films with neurological deficit, and upper back thoracic spine trauma with neurological deficit. Electrodiagnostic studies dated 06/17/2014 revealed no positive sharp or fibrillation potentials, minimum and maximum amplitudes normal. The EMG also indicated that there was no evidence of bilateral cervical radiculopathy or brachial plexopathy with active or chronic denervation. There was a lack of documentation related to reflexes, strength, or Spurling's sign. The MRI dated 08/07/2013 revealed cervical spine with demonstrated disc bulging and above and below her fusion construct at C4-5 and C5-6 without significant cord compromise. The official copy of the MRI was not provided within the documentation available for review. The rationale for the repeat MRI of the cervical spine was not provided within the documentation available. Therefore, the request for the MRI of the cervical spine is not medically necessary.