MAXIMUS Federal Services

Case Number:	CM14-0037204		
Date Assigned:	06/25/2014	Date of Injury:	05/01/2012
Decision Date:	11/20/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 Interventional Spine 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's is a 42-year-old male with an injury date of 05/01/12. based on the 03/03/14 progress report provided by [redacted], the patient complains of neck and bilateral shoulder pain rated 8/10. Physical examination to the cervical spine revealed myospasm and tenderness to palpation to paraspinal and trapezius region. Treater is requesting MRI of the cervical spine to evaluate patient's ongoing complaints. Treater is requesting ongoing follow-ups for pain management. Patient is permanent and stationary for the shoulders. Based on AME report dated 12/20/13, the patient had cervical spine MRI on 06/05/12 by [redacted] MRI Cervical Spine 06/05/12- minimal degenerative change of cervical spine with slight disc bulge and osteophyte at C3 - C4 towards the left side, C6-C7 central and slightly towards the right side, without significant stenosis. Mild central narrowing at the C6 - C7 level.Diagnosis 03/03/14- degenerative disc disease and herniated nucleus pulposus of the cervical spine with stenosis- degenerative disc disease of the thoracic spine- degenerative disc disease of the lumbar spine- left SI joint dysfunctionThe utilization review determination being challenged is dated 03/18/14. The rationale follows:1) MRI of the cervical spine: "no documentation of physiologic evidence of tissue insult or nerve impairment or any red flag conditions..."2) Ongoing follow-up visits with pain management: "with patient failing to respond to pain management treatment to date, further pain management is not supported by ODG..."[redacted] is requesting provider and he provided frequent reports from 11/06/13 - 10/03/14.

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: 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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI)

Decision rationale: The patient presents with neck and bilateral shoulder pain rated 8/10. The request is for MRI of the cervical spine. His diagnosis dated 03/03/14 includes degenerative disc disease and herniated nucleus pulposus of the cervical spine with stenosis.Regarding MRI, uncomplicated Neck pain, chronic neck pain, ACOEM Chapter: 8, pages 177-178 states: "Neck and Upper Back Complaints, under Special Studies and Diagnostic and Treatment Considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist."ODG Guidelines, Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI) states: " Not recommended except for indications list below. Indications for imaging -- MRI (magnetic resonance imaging): - Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present - Neck pain with radiculopathy if severe or progressive neurologic deficit "Per progress report dated 03/03/14, treater is requesting MRI of the cervical spine to evaluate patient's ongoing complaints. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In this case, patient's symptoms and physical examination are unremarkable, and treater has not documented findings that identify specific nerve compromise on neurological examination. Furthermore, based on AME report dated 12/20/13, the patient had cervical spine MRI on 06/05/12. Recommendation is for denial.

Ongoing follow-up visits with pain management: 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-Office Visits

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, page 127 Ongoing follow-up visits with pain management

Decision rationale: The patient presents with neck and bilateral shoulder pain rated 8/10. The request is for Ongoing follow-up visits with pain management. . His diagnosis dated 03/03/14 includes degenerative disc disease and herniated nucleus pulposus of the cervical spine with

stenosis, degenerative disc disease of the thoracic and lumbar spines and left SI joint dysfunction.ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational 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." It would appear that the current treater feels uncomfortable with the medical issues and has requested for transfer to specialist. Recommendation is for authorization.