

Case Number:	CM14-0037804		
Date Assigned:	06/25/2014	Date of Injury:	02/17/2004
Decision Date:	07/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/28/2014

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 Texas. 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 51-year-old female who reported an injury to her neck on 02/17/04. The clinical note dated 03/10/14 indicates the patient complained of constant neck pain with radiating pain to both upper extremities. The injured worker also reported low back pain with pain radiating to both lower extremities. The clinical note dated 03/06/14 indicates the injured worker has continuing complaints of cervical and lumbar pain. The injured worker's past surgical history involves an anterior cervical discectomy and fusion (ACDF) at C4-C5 and C5-C6 in 2006. Pain continued in the neck with radiation of pain to the right upper extremity. Pain distribution in the right upper extremity follows the C6 distribution. The clinical note dated 01/20/14 indicates the injured worker complained of right shoulder pain with radiating pain to the right hand. There is also an indication that she is continuing to have low back pain complaints. The note does indicate her having previously undergone epidural injections in the cervical region. The injured worker rated the pain at 7/10. The right shoulder pain was labeled as 8/10. Upon exam, the injured worker was able to demonstrate 30 degrees of cervical flexion, 25 degrees of extension, 10 degrees of left lateral bending, 15 degrees of right lateral bending, and 25 degrees of bilateral rotation. The injured worker was able to demonstrate 3+ - 4+/5 strength throughout the right upper extremity and 4+/5 strength with the left grip. The note indicates she is utilizing Norco for ongoing pain relief. The injured worker was also referred for a computed tomography (CT) scan of the cervical spine, x-rays of the right shoulder, and an MR arthrogram of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine evaluation for medicine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) IME and Consultations, Page 503.

Decision rationale: The request for an internal medicine evaluation is medically necessary. The documentation indicates the injured worker is complaining of pain at several sites, most notably the neck and low back. The injured worker has been utilizing Norco for ongoing pain relief. Ongoing evaluations are indicated for injured workers who are continuing the use of opioid therapy. In order to fully assess the effectiveness of the medication, ongoing evaluations are indicated. Therefore, this request is reasonable and medically appropriate.

Computed tomography (CT) scan of the cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

Decision rationale: The request for computed tomography scan of the cervical spine is medically necessary. The injured worker has ongoing complaints of cervical region pain with associated strength deficits throughout the right upper extremity along with grip strength deficits of the left hand. Given the ongoing neurological deficits in the upper extremities, imaging studies are reasonable. The injured worker has previously undergone an ACDF (anterior cervical discectomy and fusion). Therefore, a computed tomography (CT) scan for this injured worker is a reasonable course of evaluation in order to provide the injured worker with a pathway for treatment.

X-rays to the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: The request for X-rays to the right shoulder is not medically necessary. Radiograph studies of the shoulder are indicated for injured workers who have persistent complaints of shoulder pain with associated neurovascular compression. No information had been submitted regarding the injured worker's functional deficits as pertaining strictly to the shoulder. Therefore, it is unclear that the injured worker would require x-rays in order to provide a pathway for treatment. Therefore, this request is not indicated as medically necessary.

MR arthrogram of right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208..

Decision rationale: The request for an MR arthrogram of the right shoulder is not medically necessary. No information has been submitted regarding the injured worker's functional deficits. There are complaints of radiating pain from the neck as far as the right shoulder; however, given that no information was submitted regarding the injured worker's ongoing functional deficits as related specifically to the shoulder, the request is not indicated as being medically necessary.