MAXIMUS Federal Services

Case Number:	CM14-0039855		
Date Assigned:	06/27/2014	Date of Injury:	01/02/2014
Decision Date:	07/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/04/2014

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, 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 is a 55-year-old male with date of injury of 01/02/2014. The listed diagnoses per [redacted] dated 02/03/2014 are: Sprain/strain unspecified site of the shoulder and upper arm and Neck sprain and strain. According to this report, the patient complains of upper extremity pain including the arm, neck, and shoulder. The patient rates the pain at 8/10. He describes the pain as constant. He states that the shoulder has some improvement but the neck is getting worse. His pain is mostly on the right side and it is worse when it transfers from side to side. The physical exam shows there is tenderness in the paracervical muscle with painful range of motion. Range of motion of the cervical spine is diminished. Neurological exam was negative for weakness. The utilization review did not grant the request on 01/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL; Opioids for neuropathic pain Page(s): 80, 82,84, 93, 94.

Decision rationale: This patient presents with arm, neck, and shoulder pain. The provider is requesting tramadol HCL ER 150 mg quantity 30. The MTUS Guidelines page 76 to 78 on the criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. The California MTUS goes on to state that baseline pain and functional assessments should be provided. Once the criteria has been met, a new course of opioids may be tried at that time. The MTUS guidelines page 93 and 94 for Tramadol recommends a starting with low dose and to taper up with efficacy. In this case, a small dose trial of Tramadol may be reasonable but starting with initial high dose of Tramadol is not recommended. Therefore, the request is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation (ODG) ODG-TWC guidelines also discuss MR imaging in neck pain.

Decision rationale: This patient presents with arm, neck, and shoulder pain. The provider is requesting an MRI of the cervical spine. The ACOEM Guidelines page 177 and 178 has the following criteria for ordering imaging studies: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, and Clarification of anatomy prior to invasive procedure. In addition, Official Disability Guidelines states that MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture or for clarification of anatomy prior to surgery. The review of records showed an MRI dated 02/25/2014. It appears that the request is a retrospective decision for the MRI of the cervical spine. The progress report dated 02/10/2014 notes that the patient reports feeling pain and numbness in the bilateral shoulders, arms, and neck. However, the patient's examination does not show any motor or sensory issues and the patient does not present with any radicular symptoms to be concerned about a possible nerve injury. The provider does not discuss any red flag issues either. Therefore, the request is not medically necessary.