

Case Number:	CM14-0045966		
Date Assigned:	07/07/2014	Date of Injury:	10/16/2008
Decision Date:	08/21/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/14/2014

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 Emergency 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 had a reported date of injury on 10/16/2008. The mechanism of injury is described as a trip and fall. The patient has a diagnosis of multilevel cervical disc disease with stenosis, a right shoulder rotator cuff tear post repair, right elbow cubital tunnel syndrome post repair, bilateral knee arthritis post bilateral knee replacement, right upper extremity radicular symptoms and right shoulder recurrent tear. In a report from 3/19/14, the patient complains of neck pains at 8/10 which is constant and worsening. The pain radiates to both upper extremities. Also noted right shoulder pains which is constant and radiates to the right elbow. The patient also complains of right knee pain as well. An objective exam reveals mild decreased range of motion (ROM) with tenderness to paraspinals and trapezius muscles, with the right being worse than the left side. Positive Spurling's and cervical compression test and decreased strength and sensation on right side at C5-8 dermatomes. A right shoulder exam reveals well healed scar with decreased ROM, a positive Neer and Hawkins' test, tenderness to AC joint and strength of 4/5. A right elbow exam shows scar to posterior olecranon with tenderness, positive cubital tunnel and Tinnel's test, decreased ulnar distribution of sensation and flexion and extension is 4/5. A right wrist exam is positive for Phalen's and Tinnel's and shows tenderness to A1 pulley on 5th digit. An MRI of cervical spine reveals multiple level disc bulges 3-4mm from C3-4 to C6-7. Some of the bulges indent the thecal sac with no cord involvement. At C4-5 there is foraminal stenosis from osteophytes. It is not significantly changed from 8/10. An MRI of right shoulder reveals 4x4mm tear. An EMG/NCV of right upper extremity was normal. A cervical epidural block was done on 4/14/14. The medication list reports that pt is on Ultram, Metformin, Levothyroxine, aspirin, Cozaar, Advair and Keratek gel. Independent Medical Review request is for MRI of C-spine and Urine Drug Screen. The prior UR on 4/7/14 denied request for MRI and Urine Drug Screen. It approved Keratek gel and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI C-spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient just had a cervical MRI done on 2/4/14. A repeat MRI was requested for rule out further pathology and to determine if any invasive treatment is necessary. As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. The patient does not meet any of these criteria. The patient had a recent MRI and there are no changes in patient's complaints or exam to necessitate a repeat MRI. There are no red flag complaints or exam documented. The patient is already getting invasive procedures using the prior MRI and there is no documentation that the prior MRI was inadequate. Therefore the request for MRI of Cervical Spine is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: As per MTUS Chronic Pain Management guidelines, drug testing is recommended as an option to monitor chronic opioid use for illegal drug use and for long term monitoring in chronic pain management. There is no documentation of concern for aberrant behavior and there is no documentation of concern in a patient from a population group with such a low risk for aberrant behavior. Therefore the request for Urine drug screen is not medically necessary.