

Case Number:	CM14-0048235		
Date Assigned:	07/07/2014	Date of Injury:	05/24/2011
Decision Date:	08/22/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/16/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 50 year old female who was injured on 5/24/2011. She was diagnosed with right shoulder sprain/strain with teninitis/bursitis, elbow epicondylitis, and cervical pain with radiation. She was treated with oral medications, epidural steroid injections, and physical therapy, but continued to experience chronic neck and shoulder pain. MRI of the cervical spine was performed on 2/25/2012 showing multilevel disc desiccation with end plate degenerative changes, small disc protrusions, mild central canal and neuroforaminal stenosis, and minimal retrolisthesis of the C6-C7 level. On 2/18/14, the worker was seen by her treating physician complaining of difficulty driving due to her neck pain, and was recommended she receive help with transportation to and from her appointments. On 4/2/14 the worker was again seen by her treating physician complaining of joint pain, muscle spasm, headaches, and stress. Her pain was rated at a 9/10 on the pain scale without medications and a 7/10 with pain medications. She reported an ability to perform activities of daily living and was doing home exercises. Physical examination revealed decreased range of motion of the right shoulder and cervical spine, positive crepitus of the right shoulder, but a complete review of the examination findings was challenged by much of it being illegible. She was then recommended she trial Imitrex, see a surgeon to discuss options for her cervical spinal pain, get an ultrasound of her right shoulder, and get an MRI of her cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown transportation to and from all medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Home Health Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee section, Transportation (to and from appointments).

Decision rationale: The MTUS is silent on whether or not transportation is necessary or not for chronic pain or injuries. The ODG states that for knee injuries, transportation to and from appointments may be allowed, if it is medically necessary, and if the patient has a disability that specifically prevents them from self-transporting themselves to their appointments. In the case of this worker, the treating physician briefly documented their concern with the worker driving with her chronic neck pain, but this was not described in enough detail for the reviewer to make a decision whether or not she was capable or not to drive safely. Without more explanation and legible physical examination findings, the request for transportation is not medically necessary.

Diagnostic Ultrasound of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder section, Ultrasound (diagnostic).

Decision rationale: The MTUS ACOEM Guidelines state that special tests for a shoulder injury are rarely helpful in the first month or so after the injury unless a red flag condition is noted or suspected. The ODG states that diagnostic ultrasound of the shoulder may be recommended to help diagnose a rotator cuff tear as it is comparable to MRI for accuracy, but only after failing to improve after 1 month of conservative care. In the case of this worker, she had passed the initial treatment phase and is experiencing chronic shoulder pain at this point. However, no evidence from physical examination findings (from what is legible) or subjective reports suggest that her shoulder pain has changed or worsened. Also, no evidence was found revealing any clinical signs of a rotator cuff tear that might warrant further testing. Physical findings should be able to identify any potential tear before considering imaging. Therefore, the ultrasound of the shoulder is not medically necessary.

Cervical Spine MRI: 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): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, she had been experiencing chronic neck pain, however, nothing in the report leading up to the request for another MRI of the neck suggested that her condition has changed or worsened. Therefore there is likely no benefit from repeating the cervical MRI at this time, and it is medically unnecessary.

Imitrex 50mg (Frequency, Duration and Quantity Unknown): 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head section, Triptans.

Decision rationale: The MTUS is silent regarding triptans for the treatment of migraines. The ODG, however, states that triptans are recommended for migraine sufferers as they are effective and well tolerated. A poor response to one triptan, however, does not predict a poor response to other triptans, and so it is appropriate to trial others if necessary. In the case of this worker, she had reported headaches more than once leading up to the request, but it is not clear as to the nature of her headaches as it was not documented. She also did not carry with her the diagnosis of migraine. Therefore, without a clear subjective report of clinically migranous headache, it is unlikely that the Imitrex will help, and is medically unnecessary.

Surgical Consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

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), p. 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a

consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, she has been suffering from chronic neck pain, without any more benefit from conservative treatments. She seems to at least warrant a discussion of her options to discuss her neck pain with a surgeon at this point. A surgical consult is medically necessary.