

Case Number:	CM14-0058347		
Date Assigned:	07/09/2014	Date of Injury:	08/06/2009
Decision Date:	09/10/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and mid back pain reportedly associated with an industrial injury of August 6, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated April 22, 2014, the claims administrator denied a request for MRI imaging of the cervical spine, MRI imaging of the thoracic spine, Ultracet, and electrodiagnostic testing of the bilateral upper extremities. The claims administrator stated that the MTUS did not address the issue and stated that the applicant had not benefited from Ultracet and therefore denied the same. The applicant subsequently appealed. In an appeal letter dated April 30, 2014, the attending provider also complained about the claims administrator citing non-MTUS Minnesota rules. The attending provider stated that the applicant had not had any recent MRI imaging in four and half years and therefore needed repeat imaging studies. The attending provider also stated that the applicant's moderate-to-severe pain at the 6-8/10 level did warrant Ultracet, noting that the applicant had failed Relafen, Motrin, and Tylenol. The attending provider did state that the applicant had persistent complaints of neck pain radiating into the left arm. In an earlier note dated April 29, 2014, the applicant had reportedly had four prior epidural steroid injections. It was stated that the applicant was able to continue working normally and that this benefit was reportedly a result of earlier epidural steroid injection therapy. On July 9, 2014, the applicant reported persistent complaints of neck and upper back pain radiating to left arm pain. The applicant reportedly received a recent epidural steroid injection and had reportedly achieved excellent results of the injection. Greater than 70% relief of neck and arm pain was noted. The applicant was using one to two tablets of Ultracet a day, which was beneficial, the attending

provider posited in terms of both pain relief and in facilitating the applicant's ability to return to regular duty work. A weakly positive Spurling maneuver was appreciated with grossly intact strength and reflexes about the upper extremities. The attending provider complained about what he believed to be bad-faith actions on the part of various utilization review agencies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI and/or CT imaging of the cervical spine are recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, the applicant's presentation is consistent with an active cervical radiculopathy. The applicant has persistent complaints of neck pain radiating into the left arm with positive provocative testing. A variety of cervical epidural steroid injections have been tried and provided only incomplete analgesia. Obtaining a repeat cervical MRI some four and half years removed from the prior cervical MRI to help ascertain whether or not the applicant may or may not be a candidate for surgical intervention is indicated. Therefore, the request is medically necessary.

Repeat MRI of the Thoracic Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the bulk of the applicant's complaints are seemingly referable to the cervical spine as opposed to the thoracic spine. For instance, in a July 9, 2014 progress note, the applicant was described as having paresthesias about the left arm. The applicant was described as having predominant complaints of neck pain. The applicant had a positive Spurling maneuver about the neck. Conversely, there was little or no mention of any issues associated with the thoracic spine and no mention of any positive provocative testing about the thoracic spine which might lend itself to the conclusion that the applicant's pathology in fact emanated from the thoracic spine. All the four prior epidural steroid injections, as the attending provider

acknowledged, targeted the cervical spine. Therefore, the request for repeat MRI imaging of the thoracic spine is not medically necessary.

Ultracet #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80,81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has achieved and/or maintained successful return to work status with ongoing Ultracet therapy, the attending provider has posited. The applicant is likewise deriving appropriate analgesia from ongoing Ultracet usage, the attending provider has reiterated on several occasions referenced above, continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Repeat EMG/NCS of the Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, EMG testing for diagnosis of nerve root involvement is "not recommended." Finally, the history, physical exam, and imaging studies are consistent. In this case, a cervical MRI imaging has been approved above, in question #1. If sufficiently positive, this would effectively obviate the need for the proposed electrodiagnostic testing, as suggested by ACOEM. Therefore, the request is not medically necessary.