

Case Number:	CM14-0061581		
Date Assigned:	07/09/2014	Date of Injury:	06/01/2007
Decision Date:	09/15/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 and is licensed to practice in Illinois. 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 58-year-old female who reported an injury on 06/01/2007. The mechanism of injury involved cumulative trauma. The current diagnoses include cervical radiculopathy, cervical facet syndrome, and post cervical laminectomy syndrome. The injured worker was evaluated on 04/16/2014 with complaints of neck pain, bilateral shoulder pain, and bilateral wrist pain. Previous conservative treatment includes medication management, physical therapy, acupuncture, TENS therapy, and cervical epidural steroid injections. The current medication regimen includes trazodone 50 mg, Ultracet, Aleve, and Celebrex. It is noted that the injured worker underwent an MRI of the cervical spine in 2011 as well as electrodiagnostic studies in 2007, 2008, and 2011. The injured worker has undergone several surgical procedures including a right carpal tunnel release in 2007 and 2008, left carpal tunnel release in 2009, right radial nerve decompression in 2010, and anterior C5-7 fusion on 01/19/2012. A recent urine toxicology report on 04/10/2014 indicated consistent findings. Physical examination revealed restricted cervical range of motion, paravertebral muscle spasm, hypertonicity, tenderness, trigger points with a twitch response, positive Spurling's maneuver, restricted shoulder range of motion, positive Neer and Hawkins's testing, positive shoulder crossover testing, positive empty can testing, and decreased sensation in the C7 and C8 dermatomes on the left. Treatment recommendations at that time included a cervical spine MRI, laboratory studies, a psychological consultation, a cervical epidural steroid injection, trigger point injections, continuation of the current medication regimen, and a referral to a spine surgeon. There was no DWC Form RFA submitted for the current request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI(Magnetic Resonance Imaging) of cervical spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. As per the documentation submitted, the injured worker underwent a cervical spine MRI in 2011. The previous MRI was not submitted for review. There is no documentation of a progression or worsening of symptoms or physical examination findings. The medical necessity for a repeat imaging study has not been established. Therefore, the request is non-certified.

Trazodone 50mg tablet #7: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first-line option for neuropathic pain and as a possibly for non-neuropathic pain. The Official Disability Guidelines recommend trazodone as an option for insomnia only for patients with potentially co-existing mild psychiatric symptoms such as depression or anxiety. The injured worker does not maintain a diagnosis of insomnia, depression, or anxiety. The medical necessity for the ongoing use of this medication has not been established. As such, the request is non-certified.

Follow-up appointment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physician followup generally occurs when a release to modified, increased, or full duty is needed, or after

appreciable healing or recovery can be expected. As per the documentation submitted, the injured worker does not present with any acute musculoskeletal or neurological deficits. The injured worker was referred to a spine surgeon pending a cervical spine MRI. However, the injured worker's cervical spine MRI has not been authorized. The specific type of followup appointment was not listed in the request. Based on the clinical information received, the request is non-certified.