MAXIMUS Federal Services

Case Number:	CM14-0065684		
Date Assigned:	07/11/2014	Date of Injury:	07/13/2011
Decision Date:	08/27/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 53 year old female who had a work related injury on 07/13/11. The mechanism of injury is undisclosed. Most recent medical record submitted for review was dated 06/19/14 the injured worker continued to have neck pain, and right upper shoulder pain with limited motion of her shoulder along with pain to the right small finger. Review of MRIs on 05/14 showing mild acromioclavicular joint arthritis, small full thickness tear to supraspinatus and rotator cuff tendinosis. Her cervical MRI showed small annular bulge at C5 to C6 and C6 to C7, no stenosis and right hand Xray's showed mild osteoarthritis. She was having difficulty staying asleep using Xanax due to anxiety and tension. Tramadol helped with pain while still working. Pain scale was rated 7/10 without medications. Current medications are listed as Ativan 1 milligram, Tramadol 50 milligrams, and Xanax 0.25 milligram. Physical examination was documented as well developed, well nourished female, cervical spine, tenderness to palpation in trapezius, tenderness to palpation in levator scapula and rhomboid, range of motion flexion was full, extension was decreased, left lateral bending was painful, right lateral bending was painful, bilateral upper extremities, overall no cyanosis clubbing or edema, inspection of right upper extremity, tenderness at subacromial bursa, the small finger had what appeared to be a boutonniere deformity of the proximal interphalangeal joint, range of motion of right shoulder produced pain with resisted abduction, and about 75 percent normal range of motion in right shoulder with flexion. Diagnosis was documented as cervicalgia (neck pain), with pain in the shoulder joint. Prior utilization review on 04/30/14 for MRI of cervical spine and right shoulder, electrodiagnostic studies right upper extremity and Norco 10/325 quantity 90 were denied in the preauthorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Neck & Upper Back Procedure Summary last updated 04/14/2014. Indications for MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, MRI.

Decision rationale: The request for MRI of the cervical spine is not medically necessary. The clinical documentation submitted for review, on 07/13/11, noted that the injured worker had MRI of cervical spine in May of 2014. Therefore medical necessity has not been established.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Shoulder Procedure Summary last updated 03/31/2014. Indications for imaging - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, MRI.

Decision rationale: The request for MRI of the right shoulder is not medically necessary. The clinical documentation submitted for review, on 07/13/11, noted that the injured worker had MRI of right shoulder in May of 2014. Therefore medical necessity has not been established.

Electrodiagnostic studies (right cervical/upper extremities): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Neck & Upper Back Procedure Summary last updated 04/14/2014 Minimum Standards for electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, Electrodiagnostic studies (EDS).

Decision rationale: The request for electrodiagnostic studies (right cervical/upper extremities) is not medically necessary. The clinical documentation submitted for review as well as current

evidence based guidelines do not support the request. There is no clinical evidence of a cervical radiculopathy. Therefore medical necessity has not been established.

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Opioid's.

Decision rationale: The request for Norco 10/325 milligrams quanity 90 is not medically recommended. The clinical documentation submitted for review does not support the request for Norco. The most recent medication list on 07/13/11 did not list Norco. It was noted that Tramadol was helping with her pain. As such, medical necessity has not been established.