

Case Number:	CM14-0088091		
Date Assigned:	07/23/2014	Date of Injury:	05/15/1996
Decision Date:	09/09/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/12/2014

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, has a subspecialty in Interventional Spine 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 is a 56 year old with an injury date on 5/15/96. Patient complains of lumbar pain, bilateral lower extremity pain, left arm pain, and unstable blood pressure per 4/30/14 report. Patient had torn meniscus surgery of unspecified date, and subsequent left knee dorsal column stimulator implant which later failed and was removed per 4/30/14 report. Patient manages her pain with ER visits since she does not tolerate medications well per 4/30/14 report. Based on the 4/30/14 progress report provided by [REDACTED] the diagnoses are: 1. reflex sympathetic dystrophy. 2. discogenic syndrome cervical. 3. discogenic syndrome lumbar. 4. meniscus, injury. 5. automatic dysreflexia Exam on 4/30/14 showed "C-spine range of motion moderately limited, especially at flexion/extension which is 10 degrees. Walks with abnormal, guarded gait. Hypersensitivity pain to light touch in bilateral legs/hands." [REDACTED] is requesting MRI of the cervical spine, cervical epidural steroid injection with anesthesia, calcium level lab test, and serum vitamin D / calcium level lab test. The utilization review determination being challenged is dated 5/15/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/30/14 to 8/6/14.

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: Overturned

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: This patient presents with back pain, bilateral leg pain, and left arm pain. The physician has asked for MRI of the cervical spine on 4/30/14 to distinguish "if the pain in the hands is reflex sympathetic dystrophy or cervical disc disease. Review of the report shows no evidence of a prior cervical MRI. ACOEM guidelines support specialized studies for red flags, physiologic evidence of tissue insult or neurologic dysfunction. ODG guidelines support MRI's for neurologic signs or symptoms that have not improved with conservative care. In this case, the treater has asked for MRI of the cervical spine to determine the source of the patient's persistent pain in the upper extremities. MRI of the cervical spine is medically necessary.

Cervical epidural steroid injections with anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46 of 127.

Decision rationale: This patient presents with back pain, bilateral leg pain, and left arm pain. The treater has asked for cervical epidural steroid injection with anesthesia on 4/30/14. Review of the reports does not show any evidence of any prior epidural steroid injections in the patient's past. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, there are no cervical MRIs provided in the records. The physical exam does not show neurologic findings consistent with radiculopathy and the patient does not present with dermatomal distribution of pain. A cervical epidural steroid injection with anesthesia is not medically necessary.

Calcium level lab test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/calcium/>.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS, MedlinePlus <http://www.nlm.nih.gov/medlineplus/ency/article/003477.htm> Calcium blood test Share on Facebook Share on twitter Bookmark & Share Printer-friendly version. The calcium blood test measures the level of calcium in the blood.

Decision rationale: This patient presents with back pain, bilateral leg pain, and left arm pain. The treater has asked for calcium level lab test but the date of the request is not known. According to MedlinePlus a Calcium blood test measures the total amount of calcium in your blood. Your doctor may order this test if you have signs or symptoms of certain bone diseases, certain cancers, Chronic kidney disease, Chronic liver disease, Disorders of the parathyroid gland, Disorders that affect how your intestines absorb nutrients, or Overactive thyroid gland or

taking too much thyroid hormone medication. In this case, the patient does not present with any conditions that would necessitate a calcium test. The requested calcium level lab test does not appear medically necessary for this patient at this time. Calcium level lab test is not medically necessary.

Serum Vitamin D/ Calcium level lab test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pain chapter.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS MedlinePlus <http://www.nlm.nih.gov/medlineplus/ency/article/003569.htm>

Decision rationale: This patient presents with back pain, bilateral leg pain, and left arm pain. The treated has asked for serum vitamin D / calcium level lab test but the date of the request is not known. According to MedlinePlus, the 25-hydroxy vitamin D test is the most accurate way to measure how much vitamin D is in your body. This test is done to determine if you have too much or too little vitamin D in your blood. In this case, the patient does not present with any conditions that would necessitate a Vitamin D test. The requested Vitamin D serum/calcium lab test does not appear medically necessary for this patient at this time. Serum Vitamin D/ Calcium level lab test is not medically necessary.