

Case Number:	CM14-0159234		
Date Assigned:	10/02/2014	Date of Injury:	02/14/2003
Decision Date:	01/28/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 34 year old female with a date of injury of 02/14/2003 due to cumulative trauma. Her prior evaluations included EDS on bilateral upper extremities in October 2012 that showed chronic left C6 radiculopathy and a CT scan of the cervical spine that showed status post C5, 6 and 7 anterior plate and screw fixation with early osseous fusion. No central canal or foraminal stenosis. Her prior treatments have included acupuncture, weight loss program, epidural steroid injections, physical therapy, cervical decompression and C5-C6 and C6-C7 fusion in 2012 and post operative physical therapy. Current medications included Zoloft, Zanaflex, Norco and Ibuprofen. The progress note from 08/26/14 was reviewed. Subjective complaints included neck and back pain of unchanged nature. She denied new or additional injuries. Her neck pain was slightly more severe than the back. Objective findings included tenderness to palpation in the cervical and lumbar spine, worse on the left upper and lower extremity. Hoffman's sign was negative and Spurling's sign was negative. Diagnoses included cervical spine status post anterior cervical discectomy and fusion at C5-6, C6-7 with left sided radiculopathy, lumbar spine sprain/strain and left and right shoulder sprain/strain. The plan of care included MRI of the lumbar spine to look for progression of disc disease or neural foraminal narrowing that may explain symptoms into the lower extremities and the acute flare up of symptoms of last month. She was reported to have had good response with acupuncture and hence a request was sent for acupuncture #6 sessions. The note from 07/29/14 was also reviewed. She received her second epidural on June 27, 2014. Her epidural helped only for about 5 to 7 days. She reported going to emergency room for severe neck pain with headaches. She also had low back pain that was becoming worse and it was radiating to the right thigh and leg, more so than the left with numbness that was worse with sitting and driving. Acupuncture was helpful in past and she had not had acupuncture in quite a while. Objective findings included

antalgic gait, tenderness to palpation in cervical and lumbar spine, negative Spurling's sign, negative Hoffman's sign and negative straight leg raising test. She was given 60mg of Toradol injection IM. The request was for Toradol 60mg IM, acupuncture #6, MRI cervical spine and MRI lumbar spine. An x-ray of cervical spine from 07/08/14 showed status post ACDF at C5-7 with intact hardware and arthrodesis at the surgical levels and mild anterolisthesis of C3 on C4 and C4 on C6 with mild degenerative changes at C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Toradol IM 60mg injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-74. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Toradol

Decision rationale: Toradol is an NSAID. According to Chronic Pain Medical Treatment guidelines, Toradol is not indicated for minor or chronic painful conditions. The Official Disability Guidelines recommend that intramuscular Toradol can be used as an alternative to opioid therapy. The employee had been to the emergency room after the previous visit and was noted to be in severe pain. So the Toradol was used in the setting of acute worsening of pain. The request for Toradol 60mg injection is medically necessary and appropriate.

One MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, imaging, MRI

Decision rationale: According to Official Disability Guidelines, MRI is recommended in patients who have clear cut neurologic findings and those suspected of ligamentous instability, tissue insult, nerve impairment or potentially serious conditions like tumor, infection or fracture. It is also recommended for chronic neck pain with neurologic signs or symptoms. The employee had a history of cervical radiculopathy and had worsening pain over years despite cervical fusion and years of conservative treatment. The provider ordered an MRI to evaluate for progression of disc disease and for the acute flare up. The request for MRI cervical spine is medically necessary and appropriate given pain despite epidural injections, prior radiculopathy, status post fusion and failure of conservative treatment.

One MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The employee was being treated for pain of neck and lower back. She was being treated with NSAIDs, Norco, muscle relaxants and other conservative measures. Her pertinent diagnosis was sprain/strain of lumbar spine. ACOEM guidelines support imaging of the lumbar spine for red flag signs where plain film radiographs are negative, or have unequivocal objective findings that identify specific nerve compromise on neurologic examination, or be considered for surgery and do not respond to treatment. In this case, there is documentation of pain and tenderness of lumbar spine. However, there is no abnormality pertaining to examination of the sensory, motor and deep tendon reflexes of the lower extremities. There is no suggestion of nerve impingement or radiculopathy. There is also no suggestion of red flags. Hence the request for MRI of the lumbar spine is not medically necessary or appropriate.

6 Acupuncture sessions for the cervical and lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to Acupuncture treatment guidelines, acupuncture treatments may be extended if there is some functional improvement in pain within 3-6 sessions of acupuncture. The employee had functional improvements from the previous acupuncture sessions which were given in the past. There was no documentation of recent acupuncture treatment. She was having ongoing pain despite surgery in 2012 and epidural injections. The provider documented a need for continuing conservative care. Hence, the request for six acupuncture treatment sessions are medically necessary and appropriate.