

Case Number:	CM14-0191825		
Date Assigned:	11/25/2014	Date of Injury:	08/04/1999
Decision Date:	01/13/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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 60-year old male/female with an injury date on 8/4/99. Patient complains of left upper extremity radicular symptoms, left-sided cervical pain, radiating to posterior shoulder per 10/28/14 report. There is some improvement to patient's condition due to physical therapy per 10/28/14 report. The 7/8/14 report describes the neck pain as chronic. Based on the 10/28/14 progress report provided by the treating physician, the diagnosis is cervical degenerative disc disease with radiculopathy. A physical exam on 10/28/14 showed "tenderness to palpation to trapzeius/posterior shoulder. Left shoulder internal rotation: no focal deficits." No range of motion testing for the neck was included in provided reports. The patient's treatment history includes medication, physical therapy. The treating physician is requesting MRI to the cervical spine, and referral to pain management specialist. The utilization review determination being challenged is dated 1/5/14. The requesting physician provided treatment reports from 7/8/14 to 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the cervical spine: Partially Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, MRI

Decision rationale: This patient presents with left upper extremity pain, neck pain, and shoulder pain. The treater has asked for MRI to the cervical spine but the requesting progress report is not included in the provided documentation. The utilization review letter dated 11/5/14 states that 2 prior cervical MRIs were done in 2003 and 2011, with "multilevel disc bulges with stenosis." The original reports of the prior MRIs were not included in included documentation. ODG guidelines state: "Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, there is no new injury, and no progressive neurologic findings such as atrophy, weakness, reflex changes, paralysis, and bowel bladder loss in the provided documentation to necessitate a repeat MRI. The request is not medically necessary.

REFERRAL TO PAIN MANAGEMENT SPECIALIST [REDACTED] Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM; 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127

Decision rationale: This patient presents with left upper extremity pain, neck pain, and shoulder pain. The treater has asked for referral to pain management specialist but the requesting progress report is not included in the provided documentation. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient has a chronic pain condition. The requested referral to pain management specialist appears to be in accordance with ACOEM and can potentially move the case forward. The request IS medically necessary.