MAXIMUS Federal Services

Case Number:	CM14-0194063		
Date Assigned:	12/03/2014	Date of Injury:	01/13/2010
Decision Date:	03/11/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 female who sustained an industrial injury on 01/13/2010. The diagnoses have included cervical disc protrusion, lumbar disc protrusion, left shoulder impingement, lumbar radiculitis and cervical radiculitis myospams. There are associated diagnoses of stress, insomnia and anxiety disorder. Treatments to date has included medication, orthopedic evaluations. The medications listed are Tramadol, pantoprazole and Mirtazaprine.On 7/24/2014, there was a normal examination of the neck with normal range of motion and no tenderness to palpation. On 10/29/2014, the IW complains of sharp pain in cervical spine area, headaches and nausea. Sharp pain in lumbar area, stiffness and spasm radiates down to both legs and left shoulder pain. There were objective findings if muscle spasm, tenderness of the trapezius and right shoulder A-C joint and hypoesthesia of the lower extremities. Treatment plan included an MRI of the brain, MRI of the right shoulder she was performed on 11/20/2014. The MRI of the right shoulder was reported to show bursitis and degenerative joint disease. The MRI of the brain did not show any significant findings related to the complaint of headache. On 11/05/2014 Utilization Review non-certified a MRI of the head/brain, MRI of cervical spine, lumbar spine and both shoulders, electromyography/nerve conduction velocity study of both upper extremities, neuro consult, noting not medically necessary. The MTUS, ACOEM Guidelines and ODG was cited.On 11/19/2014, the injured worker submitted an application for IMR for review MRI of the head/brain, MRI of cervical spine, lumbar spine and both shoulders, electromyography/nerve conduction velocity study of both upper extremities, and neuro consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging of the Head/brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Pain Chapter Headache. MRI

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized to investigate headache when there is deterioration of symptoms despite treatment or the further investigate the presence of red flag conditions. The records did not show any subjective or objective findings of failure of conservative management or deterioration of neurological function. There was documentation of the presence of a red flag condition. The 11/20/2014 MRI of the brain did not show any sugnificant findings related to the headache condition. The criteria for MRI of the brain/head was not met.

Magnetic resonance imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1 Page(s): 49. Decision based on Non-MTUS Citation Pain Chapter Neck and Upper Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized for further evaluation of chronic musculoskeletal pain with neurological deficits when routine investigations and clinical evaluations was inconclusive. The records did not indicate the presence of deteriorating cervical spine condition or neurological deficits. There is no documentation of the presence of a red flag condition. The clinical examination on 7/24/2014 showed normal findings of the cervical spine. The criteria for MRI of the cervical spine was not met.

Electromyogram (EMG) and Nerve Conduction Velocity (NCV) Studies of both upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 21. Decision based on Non-MTUS Citation Pain Chapter Neck and Upper Back Upper Extremities

Decision rationale: The CA MTUS and the ODG guidelines recommend that EMG/NCV studies can be utilized for further evaluation of chronic musculoskeletal pain with neurological deficits when routine investigations and clinical evaluations was inconclusive. The records did

not indicate the presence of deteriorating cervical spine condition or neurological deficits. There is no documentation of the presence of a red flag condition. The clinical examination on 7/24/2014 did not show any significant abnormal finding related to the neck or upper extremities.The criteria for the EMG/NCV of the bilateral upper extremities was not met.

Neuro consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.242. Page(s): 87-89. Decision based on Non-MTUS Citation Pain Chapter Neck and Upper Back Low and Upper Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that referral for expert consultation can be initiated when the diagnoses is too complex or additional expertise is required for the evaluation of chronic musculoskeletal pain with neurological deficits when standard treatments are ineffecitive. The records did not indicate the presence of deteriorating cervical spine condition or neurological deficits. There is no documentation of the presence of a red flag condition. The patient reported symptomatic improvement with utilization of the medications. The clinical examinations did note show documentation of objective findings consistent with deterioration of the symptoms. The criteria for Neurological Consult was not met.

Magnetic resonance imaging of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46. Decision based on Non-MTUS Citation Pain Chapter Low and Upper Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized for further evaluation of chronic musculoskeletal pain with neurological deficits when routine investigations and clinical evaluations are inconclusive. The records did not indicate the presence of deteriorating lumbarl spine condition or neurological deficits. There is no documentation of the presence of a red flag condition. The clinical examinations did not show any subjective of objective findings consistent with neurological deficit associated with the chronic low back pain.The criteria for MRI of the lumbar spine was not met.

Magnetic resonance imaging of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Pain Chapter Shoulders

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized for further evaluation of the joints when there is deterioration of symptoms despite optimum conservative management. The records did not show subjective or objective findings consistent with worsening of the clinical condition. The 11/20/2014 MRI of the right shoulder did not show significant deterioration of the joint condition. There is no documentation of subsequent treatments to address the MRI findings. The criteria for bilateral shoulder MRI was not met.