MAXIMUS Federal Services

Case Number:	CM14-0195516		
Date Assigned:	12/03/2014	Date of Injury:	01/23/2007
Decision Date:	01/15/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/21/2014

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 Family Medicine and is licensed to practice in North Carolina. 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:

This 49 year old female sustained a work related injury on 01/23/2007. According to an office visit dated 10/09/2014, the injury occurred to her neck and low back from a continuous trauma injury from 01/23/2006 to 01/23/2007. She attributed the pain to having to repetitively pick up trash and move dumpsters. According to the provider, treatments have included x-rays of the neck and back, medication, acupuncture, physical therapy, MRI's of the neck and back, neck surgery on 11/21/2009 and a series of epidurals to the low back. The injured worker complained of pain in her neck that was described as throbbing and was present constantly. She complained of radiating pain into the shoulders, arms and fingers with numbness and tingling into the arms and fingers. Pain was aggravated by looking down and turning the neck and was partially relieved by medications and rest. She reported low back pain that was described as sharp and present constantly and radiating pain into both legs. There was complaint of numbness and tingling into the middle toes. Pain was noted to be aggravated by standing, walking, bending, stooping, and squatting, pushing, pulling and repetitive activity and was partially relieved by medications and rest. The injured worker was placed off of work following the injury on 01/23/2007 and remains off work. According to the provider, the injured worker was hit by a semi-truck during an auto-accident in 2014 causing an increase in pain in the neck and back. Physical examination revealed erect spine, normal gait and intact toe and heel walk. There was no visible deformity of the spine. There was tenderness in the occipital insertion of the paracervical musculature. The bilateral trapezii were tender, especially with scapular mobility. There was very slight muscle tightness noted along the levator scapulae musculature. Cervical Spine mobility forward flexion was to 20 degrees, extension to 10 degrees and bend and rotation to 30 degrees. Reflexes for the biceps, triceps and brachial radialis were intact. Sensation testing was symmetrical in the right upper extremities. Circulatory status was intact in the upper

extremities.The lumbar spine examination revealed an antalgic gait on the right was noted. There was discogenic scoliosis to the right. Spine mobility was severely limited due to paraspinous muscle spasm. Sciatic stretch signs were markedly positive on the right/left, in both the seated and supine position at 50-60 degrees. Decreased sensation in the L4-L5 and L5-S1 distribution was noted. Weakness of the L4-L5 and L5-S1 innervated musculature was noted. Toe walk and heel walk produced a markedly antalgic gait on the right. There was no sacroiliitis or sacroiliac stress findings. Hip and knee range of motion while productive of pain did not reveal any restriction. Circulatory status was intact in the lower extremities. Abdominal examination was negative. Diagnoses included cervical discopathy, status post anterior cervical diskectomy and fusion at the C6-7 level, lumbar spine discopathy and lumbar spine spondylolisthesis. The injured worker remained permanent and stationary but needing further treatment. According to the provider because of delayed recovery factors, the treatment plan falls outside of the parameters of ACOEM Guidelines. According to the provider, the injured worker was experiencing emotional symptoms and that it is was essential that the psychiatric condition be evaluated and treated if necessary to be able to effectively treat the orthopaedic condition. Therefore a request for authorization was made for a consultation with regard to his psyche complaints. A request was being made for chiropractic treatment to the cervical and lumbar spine two times a week for four weeks. Medications prescribed included Naproxen one every 12 hours with food for anti-inflammatory and pain relief for total body comfort and healing, Omeprazole was noted as a gastrointestinal protective agent associated with the use of non-steroidal anti-inflammatory medications and Tramadol was noted for pain management. [redacted] is a medical food used to aid in weight loss. These medications were to enhance pain relief, help restore function and improve overall ability to better perform activities of daily living. According to the provider, a cervical spine x-ray will be performed on her return visit. There was no radiology reports submitted for review.On 10/31/2014, Utilization Review non-certified the request for an initial consultation, x-rays per the MTUS and medication to treat pain, muscle spasms and inflammation as indication per MTUS that was requested on 10/06/2014. The request was received on 10/17/2014. According to the Utilization Review physician the medical records did not clearly identify what type of specialty/initial consultation was being requested. The provider did not clarify what body part was intended or the rationale for an x-ray and the provider did not clarify what specific medication was being requested. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

Decision rationale: The CA MTUS does recommend initial psychological evaluation to evaluate and assess any comorbid conditions that might affect management of chronic pain. The request

in this case is for psychological consultation because of an emotional component of the claimant's chronic pain management, which has not yet been addressed through psychiatric assessment. The request for Psychiatric Consultation is medically necessary.

X-rays: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ACOEM states that X-rays should not be "recommended in the absence of red flag findings of serious spinal pathology even if symptoms have persisted greater than 6 weeks." In this case, there are no red flag findings reported in the examination. Further, the request is for nonspecific "X rays" and, lacking any anatomic specificity, does not contain any rationale for the X ray imaging. The requests for X-rays are not medically necessary.

Medications to Treat Pain, Muscle Spasms and Inflammation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-67, 74-89.

Decision rationale: Medications of various classes may be used to treat pain and inflammation. These medications include analgesics, such as non-steroidal or opioid pain medication, anti-epileptics, tricyclic medications, muscle relaxers, as well as topical formulations. The request in this case is nonspecific and is simply for "medication to treat pain, muscle spasm and inflammation". Decisions regarding medical necessity of a medication require a plan for specific medication use. As such, the request for "medication" is not medically necessary.