

Case Number:	CM14-0197083		
Date Assigned:	12/22/2014	Date of Injury:	04/09/2014
Decision Date:	01/21/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 Emergency Medicine 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 injured worker is a 57 year-old male, who sustained an injury on April 9, 2014. The mechanism of injury is not noted. Treatments have included: medications. The current diagnoses are: cervical/thoracic sprain, left shoulder strain, stress, headaches. The stated purpose of the request for 1 Session of psych evaluation and treatment was to assess psych treatment options. The request for 1 Session of psych evaluation and treatment was modified for one psych evaluation session on October 28, 2014. The stated purpose of the request for 1 MRI of the cervical spine was not noted. The request for 1 MRI of the cervical spine was denied on October 28, 2014, citing a lack of documentation of neurologic deficits. The stated purpose of the request for 1 MRI of the thoracic spine was not noted. The request for 1 MRI of the thoracic spine was denied on October 28, 2014, citing a lack of documentation of neurologic deficits. Per the report dated October 15, 2014, the treating physician noted complaints of pain to the cervical and thoracic spines, bilateral shoulders. Exam findings included cervical and thoracic spasms and tenderness, decreased left shoulder and cervical range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Session of psych evaluation and treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines

Decision rationale: The requested 1 Session of psych evaluation and treatment is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102 recommend psych treatment for specifically-identified chronic pain patients, and Official Disability Guidelines (ODG), Pain Chapter; Psychotherapy Guidelines recommend continued psychotherapy beyond a six visit trial with documented derived functional improvement. The injured worker has pain to the cervical and thoracic spines, bilateral shoulders. The treating physician has documented cervical and thoracic spasms and tenderness, decreased left shoulder and cervical range of motion. The treating physician has not documented the medical necessity of psych treatment before completion of psych evaluation. The criteria noted above not having been met, 1 Session of psych evaluation and treatment is not medically necessary.

1 MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The requested 1 MRI of the cervical spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has pain to the cervical and thoracic spines, bilateral shoulders. The treating physician has documented cervical and thoracic spasms and tenderness, decreased left shoulder and cervical range of motion. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, 1 MRI of the cervical spine is not medically necessary.

1 MRI of the thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178, 182.

Decision rationale: The requested 1 MRI of the thoracic spine is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition,

(2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 177-178 and 182, note the criteria for ordering imaging studies are: "- Emergence of a red flag - Physiologic evidence of tissue insult or neurologic dysfunction - Failure to progress in a strengthening program intended to avoid surgery - Clarification of the anatomy prior to an invasive procedure;" and "MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure." The injured worker has pain to the cervical and thoracic spines, bilateral shoulders. The treating physician has documented cervical and thoracic spasms and tenderness, decreased left shoulder and cervical range of motion. The treating physician has not documented: the emergence of a red flag condition; physiologic evidence of neurologic dysfunction; indication of an impending surgical intervention. The criteria noted above not having been met, 1 MRI of the thoracic spine is not medically necessary.