

Case Number:	CM14-0201892		
Date Assigned:	12/12/2014	Date of Injury:	01/18/2012
Decision Date:	02/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/02/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 male with a date of injury of 1/18/2012. The documentation indicates that he was electrocuted by a high voltage wire causing him to fall off a 12 ladder. He complains of pain in the neck, mid/upper back, lower back, and bilateral shoulders. He also complains of pain and numbness in bilateral wrists/hands. Per exam report of 4/2/2014 the diagnosis included left eye blurred vision, cervical spine sprain/strain with radiculitis, cervical disc protrusion per MRI dated 5/16/2012, thoracic sprain/strain, lumbar sprain/strain with radiculitis, lumbar disc protrusion per MRI dated 5/16/2012, lumbar myofascial pain syndrome, right shoulder tendinitis per MRI, bilateral wrist strain/sprain, status post electrocution with left index finger loss of sensation, depression, and insomnia. Additional MRIs of the cervical spine and lumbar spine were requested and consultation with a spine surgeon was also requested. Per documentation of May 15, 2014 he had moderate neck pain that radiated into the left shoulder and also had a separate moderate left shoulder pain. In addition he was complaining of low back pain, more on the left. He was scheduled for neck surgery but it was delayed because of his smoking habit. After the neck surgery arthroscopy of the shoulder with decompression and distal clavicle colectomy is planned. The diagnosis was C5-6 herniated disc and left shoulder sprain/strain with posttraumatic acromioclavicular arthritis. Per AME of March 20, 2014 MRI scan of the cervical spine dated May 16, 2012 revealed disc desiccation at C5-6 with a mild-to-moderate decrease in disc height, 2-3 mm diffuse posterior bulge indenting the anterior cerebrospinal fluid space resulting in mild central spinal canal stenosis. There was moderate left neural foraminal stenosis secondary to uncinata process hypertrophic changes. There was no cord compression. The right neural foramen was normal. An MRI scan of the lumbar spine dated May 16, 2012 revealed disc desiccation at L5-S1 with a slight decrease in disc height. There was a 3-4 mm retrolisthesis of L5 on S1. A 4 mm broad-based left paracentral protrusion

with prominent annular tear impinging on the ventral margin of the thecal sac contributing to mild to moderate central spinal canal and left subarticular recess stenosis. The neural foramina were adequate. Facets were unremarkable. Per QME dated 9/12/2014 he was complaining of pain in the neck, mid/upper back, lower back, and left shoulder/arm. In addition he was complaining of pain and numbness in bilateral wrists and hands. On examination there was tenderness over the cervical spine paraspinal muscles, thoracic spine paraspinal muscles, lumbar spine paraspinal muscles, right shoulder, right arm, bilateral wrists and hands. The physical therapy was on hold at that time and he was using topical analgesics and taking Norco and Mobic. A pain management consultation was pending for authorization for cervical epidural blocks. MRI scan of the lumbar spine from 8/7/2014 was said to show a 4.4 mm right paracentral disc protrusion at L5-S1 with lateral encroachment on the nerve roots. At L4-5 there is a 2.8 mm broad-based central disc protrusion with encroachment on the nerve roots. Documentation indicates complaint of headaches, neck pain, low back pain radiating to the left thigh. Straight leg raising was positive bilaterally. There was decreased sensation in the S1 dermatome. The disputed issues pertain to an MRI of the cervical spine which was non-certified by utilization review as the patient had already been certified for anterior cervical discectomy and fusion at C5-6 and there already is clinical and imaging evidence of support for surgical intervention. A urine toxicology request was non-certified as there was no rationale provided indicating that the patient was at risk or had shown tendencies for aberrant behavior with the use of medications. A request for Wellbutrin 150 mg #60 dispensed 10/16/2014 was non-certified as there was no rationale provided that the patient had anxiety or depression. A request for lumbar surgery was non-certified as the request did not specify the type of procedure and the levels requested. A request for lumbar epidurals was non-certified as the type of epidural and the levels were not specified. A request for referral to a retina specialist was non-certified as there was no documentation from an ophthalmologist indicating the necessity for the same. These issues have now been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: California MTUS guidelines indicate the criteria for ordering imaging studies are emergence of a red flag and physiologic evidence of tissue insult or neurologic dysfunction. Also if there is failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. This has been done and the surgery has been indicated. There is no new red flag documented. Therefore a repeat MRI scan is not medically necessary.

Urine toxicology 10-16-2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89.

Decision rationale: Chronic pain medical treatment guidelines recommend use of drug screening with issues of abuse, addiction, or poor pain control. The monitoring of aberrant drug-seeking behaviors over time with issues of abuse, addiction, or poor pain control and documentation of misuse of medications would necessitate urine drug testing. The documentation does not indicate any aberrant drug-seeking behaviors. As such, the request for urine drug testing is not medically necessary.

Wellbutrin 150mg #60 dispensed: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin Page(s): 125.

Decision rationale: The documentation indicates that Wellbutrin was used as part of a smoking cessation program prior to the cervical spine surgery. Therefore the request for Wellbutrin is appropriate and the medical necessity is established.

Lumbar surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: The guidelines specify criteria for lumbosacral nerve root decompression, spinal fusion, and management of spinal stenosis. The request as stated does not specify the type of surgery or the levels. Therefore the medical necessity of the requested lumbar surgery is not established per guidelines.

Lumbar epidurals: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The guidelines indicate that although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit. The request as stated does not specify the levels or the type of epidural injection. Therefore the medical necessity of this request is not established.

Referral to retina specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 415, 456.

Decision rationale: California MTUS guidelines indicate that patients with work-related eye complaints are as seen commonly by occupational and primary care providers. Eye complaints account for approximately 4% of the Worker's Compensation claims and 1% of the total payments. The guidelines recommend initial evaluation of blurring of vision by the treating physician. ODG guidelines indicate office visits to medical doctors are necessary for proper treatment. The consultation with a retina specialist is requested without rationale. An ophthalmology consultation is not provided. A consultation with an ophthalmologist would be appropriate prior to a decision about the retina specialist. As such the request for referral to a retina specialist is not supported and the medical necessity is not established.