MAXIMUS Federal Services

Case Number:	CM14-0208338		
Date Assigned:	12/22/2014	Date of Injury:	10/09/1996
Decision Date:	02/18/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic hand, wrist, low back, shoulder, and elbow pain reportedly associated with an industrial injury of October 9, 1996.In a Utilization Review Report dated November 28, 2014, the claims administrator approved six sessions of acupuncture for the low back and shoulder while denying cervical MRI imaging. The claims administrator referenced a variety of historical Utilization Review Reports in its rationale. Progress notes of November 4, 2014 and September 13, 2014 were also referenced. It was not clearly established whether the applicant had or had not prior acupuncture.In a progress note dated June 30, 2014, the applicant reported persistent complaints of low back and shoulder pain. The applicant was apparently engaged in some sort of dispute with his claims administrator in terms of obtaining reimbursement for office visits. The applicant's medication list included Butrans, Tylenol with Codeine, Ambien, Celebrex, and Nexium. Multiple laboratory testings were endorsed. It was stated that the applicant was approaching permanent and stationary status. The applicant had retired from his former place of employment, it was stated, at age 54. Tylenol with Codeine, Nexium, Celebrex, and Butrans were endorsed.On July 24, 2014, it was acknowledged that the applicant had undergone earlier shoulder surgery but still had residual complaints of shoulder pain and back pain. The applicant was also status post earlier carpal tunnel release surgery. The applicant was using seven to eight Tylenol No. 4 tablets daily. The applicant had developed an adverse skin reaction following introduction of Butrans patches, it was stated. A negative Spurling maneuver was noted about the cervical spine. The applicant had multiple pain generators, it was acknowledged. The

applicant was apparently asked to continue Tylenol No. 4, Celebrex, Ambien, and Butrans patches. The applicant's work status was not furnished. The applicant's work status was not clearly outlined on this occasion.On August 14, 2014, the applicant reported persistent complaints of shoulder and back pain. The attending provider suggested that the applicant would benefit from a narcotic detoxification program. The applicant was already permanent and stationary, it was acknowledged. On September 16, 2014, the applicant again reported multifocal complaints of low back, neck, and shoulder pain. Permanent work restrictions were endorsed. A shoulder corticosteroid injection was performed. Renal and hepatic function testing were ordered.On November 4, 2014, the applicant reported 7-8/10 neck, shoulder, and elbow pain. The applicant was having difficulty with standing, walking, gripping, grasping, lifting, and carrying tasks. The applicant remained off of work, it was acknowledged. The applicant was using Tylenol No. 4, Celebrex, Ambien, Nexium, and Butrans, despite the fact that the latter was apparently causing rash. Hyposensorium was noted about the left hand in the ulnar nerve distribution with normal muscle strength appreciated. Permanent work restrictions were endorsed. Acupuncture was also sought. The attending provider posited that the applicant had never previously tried acupuncture. The attending provider stated in another section of the note that no diagnostic studies were indicated at this time.

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 Page(s): 182.

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

Decision rationale: 2. Conversely, the proposed cervical MRI was not medically necessary, medically appropriate, or indicated here.While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the cervical spine is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the applicant's presentation was not clearly suggestive of nerve root compromise associated with cervical spine. The multifocal nature of the applicant's pain complaints, which included the neck, shoulder, elbows, wrists, low back, etc., argue against the presence of any focal nerve root compromise pertaining to the cervical spine. Furthermore, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed cervical MRI and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.