

Case Number:	CM15-0005093		
Date Assigned:	02/23/2015	Date of Injury:	02/07/2003
Decision Date:	04/01/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female injured worker suffered and industrial injury on 2/7/2003. The diagnoses were cervical strain with radiculopathy and muscle spasms. The diagnostic studies were cervical x-rays. The treatments were physical therapy, cervical fusion 2006 and 2012, trigger point injections, TENS unit and medications. The treating provider reported complaint of posterior cervical muscle spasm with pain radiation down both upper extremities that is progressively worse. On exam was severe muscle spasm in the cervical spine with restricted range of motion along with reduced sensation in the right 4th and 5th fingers. The Utilization Review Determination on 12/9/2014 non-certified: MRI Cervical Spine, citing MTUS/ ACOEM, MRI Thoracic Spine, citing MTUS, ACOEM, Cervical trigger point injections, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

Decision rationale: Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging include 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including reports from the provider, have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study as the patient has unchanged neurological deficit in bilateral upper extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The request for MRI Cervical Spine is not medically necessary and appropriate.

MRI Thoracic Spine: 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): Chapter 12, pages 303-304.

Decision rationale: ACOEM Treatment Guidelines for the Upper/Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for this MRI nor document any failed conservative trial with medications and therapy. The patient has chronic symptom complaints with diffuse non-correlating neurological findings without specific deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The request is not medically necessary and appropriate.

Cervical trigger point injections: 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 Trigger Point injection, page 122.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, criteria for the use of Trigger point injections also include no repeat injections unless there is a greater than 50% pain relief obtained for at least six weeks after an injection and there is documented evidence of functional improvement, none of which are apparent here. The patient has no report of pain relief nor are there any increased daily activities and function or decrease in medication dosing for this chronic injury. In addition, per MTUS Chronic Pain Treatment Guidelines, criteria for the use of Trigger point injections include no injections for symptoms and clinical findings of radiculopathy as noted here with diagnosis of lumbar radiculopathy and findings of leg weakness and numbness with decreased sensation. The request for Cervical trigger point injections is not medically necessary and appropriate.