

Case Number:	CM15-0005199		
Date Assigned:	01/16/2015	Date of Injury:	07/23/1999
Decision Date:	04/10/2015	UR Denial Date:	12/08/2014
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, Arizona

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 injured worker is a 44-year-old female who reported an injury on 07/23/1999. The mechanism of injury was not provided. On 01/07/2015, the injured worker presented with a chief complaint of primarily chronic shoulder pain; neck pain; low back pain; sacroiliac joint dysfunctional pain; complex regional pain syndrome of the left lower extremity. The injured worker was stated to have been satisfied with the treatment she had been receiving. Current medication included Kadian and Soma. Diagnoses were cervicalgia; cervical radiculopathy; and bilateral hip pain. Upon examination of the cervical spine, there was a well healed neck and back incision. She was able to bend her neck 20 degrees, extend 15 degrees, and rotate 30 degrees bilaterally. There was a negative Spurling's sign and a negative Lhermitte's sign and Hoffman. There were no focal motor or sensory deficit of either upper or lower extremity; with 2+ and symmetrical biceps, triceps, brachioradialis, knee, and ankle. There was no clonus, a negative Babinski, and pulses were intact. Tenderness was noted over the SI joint region. The provider recommended a CT scan of the cervical spine, an MRI of the cervical spine, and a x-ray AP pelvis with inlet and outlet. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT Scan of Cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for a CT scan of the cervical is not medically necessary. The California MTUS/ACOEM Guidelines state that for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly, provided any red flag conditions are ruled out. Criteria for ordering an imaging study 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; or clarification of anatomy prior to an invasive procedure. Clinical findings that identify specific nerve compromise on a neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. If the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The documentation submitted for review notes the injured worker is satisfied with the treatment she has been receiving and does not feel she is dependent on medications. She is satisfied with her level of activity. Her neurologic exam was intact, and there is no evidence of focal, motor, or sensory deficits. There is no evidence that the injured worker failed to respond to initially recommended conservative treatment. As such, medical necessity has not been established.

1 MRI of Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for a MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state that for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly, provided any red flag conditions are ruled out. Criteria for ordering an imaging study 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; or clarification of anatomy prior to an invasive procedure. Clinical findings that identify specific nerve compromise on a neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. If the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The documentation submitted for review notes the injured worker is satisfied with the treatment she has been receiving and does not feel she is dependent on medications. She is satisfied with her

level of activity. Her neurologic exam was intact, and there is no evidence of focal, motor, or sensory deficits. There is no evidence that the injured worker failed to respond to initially recommended conservative treatment. As such, medical necessity has not been established.

1 X-Ray AP Pelvis With Inlet And Outlet: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, X-Ray.

Decision rationale: The request for an x-ray AP pelvis with inlet and outlet is not medically necessary. The Official Disability Guidelines state plain radiographs of the pelvis should be routinely obtained in patients with severe injury. X-rays are valuable for identifying patients with a high risk of development of hip osteoarthritis. There is no evidence of severe injury noted. The documentation submitted for review noted tenderness to the left SI joint region. There was, however, no positive provocative maneuvers or evidence of trauma noted to the pelvis. As such, medical necessity has not been established.