

Case Number:	CM15-0102664		
Date Assigned:	06/05/2015	Date of Injury:	07/10/2014
Decision Date:	07/14/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/28/2015

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, Massachusetts

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 injured worker is a 52 year old female who sustained a work related injury July 10, 2014. Past history included hepatitis C chronic, closed fracture lumbar vertebra, adrenal adenoma, and diverticulosis. According to a primary treating physician's progress note, dated March 17, 2015, the injured worker presented as a follow-up complaining of stiffness in the neck and upper and lower back. She reports attending one session of physical therapy and felt five times worse and she needed to find another therapist. She is also complaining of right arm numbness, present since June. She has weakness in the right arm and right wrist pain with tingling. Cervical range of motion with guarding, worse to left side bending and rotation and backward bend, which is 15 degrees and right side bending and rotation 25 degrees. Muscle strength is 5/5 in the upper extremities. Sensory examination revealed; decreased sharp to dull discrimination on the right upper extremity. Reflexes are 2/4 symmetrical and bilateral biceps, triceps, and brachioradialis, patellar, Achilles and Babinski are negative, bilaterally. Lumbar flexion is 60 degrees and straight leg raise is negative bilaterally with some hamstring tightness. Diagnoses are documented as neck pain with stiffness; cervical strain; cervical spondylosis; lumbar sprain/strain, low back; right upper extremity parathesia evidence of right carpal tunnel syndrome(non-industrial). Treatment plan included continuing home exercise program and stretching and random urine drug screen obtained. According to most recent clinic note from 6/3/15, the IW presents with cervical pain with numbness, painful and radiating to right arm that rates 8/10. There is also 7/10 back pain that is "stiff and tender". On exam, there is C6-7

dermatome decreased sensation. The request for authorization of lab work, flexion and extension x-rays, MRI, low back, and x-ray 3 views, left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Flexion/Extension X-rays, Low Back: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Review Article- "Diagnostic Testing for Degenerative Disc Disease" Michael W. Hasz. Advances in Orthopedics Volume 2012 (2012).

Decision rationale: The IW presents with reported lower back pain that has not improved with conservative treatment. While the MTUS does not discuss different specific modalities of x-ray imaging in the evaluation of lower back pain, the literature suggests that flexion/extension studies have a benefit over traditional static imaging. According to a recent published article, These weight-bearing [ie. lateral flexion-extension views and dynamic studies] can help identify many diagnoses which may otherwise be overlooked by a pure supine or non-weight-bearing X-ray: instability, increased angular motion on flexion-extension lateral views, anterolisthesis or retrolisthesis (each of which can be either subtle or direct indications of local instability), or indirect findings of lumbar disc degeneration. Consequently flexion/extension xrays are clinically appropriate and medically necessary.

X-ray, 3 views, Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 128.

Decision rationale: There is no mention of left shoulder pain and no abnormal findings noted on the shoulder exam from my review of the provided records. Consequently, the requested x-ray of the left shoulder do not appear to be related to this industrial injury and is not medically necessary.

Outpatient MRI (magnetic resonance imaging) Low Back: 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): 297.

Decision rationale: From the review of the clinical records, there is no documentation of neuropathic pain related to the lumbar spine that would require evaluation by magnetic resonance imaging. There are no significant findings on the physical exam that would suggest that a lumbar MRI would yield clinical information that would have a clinically significant effect on the treatment plan. Consequently lumbar MRI is not medically necessary at this time.

Lab work to include: CBC (complete blood count), CMP (comprehensive metabolic panel), UDS (urine drug screen), TSH/FT3 (thyroid function test), and HbA1c: 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 drug testin Page(s): 43.

Decision rationale: The provided clinic records do not comment on the medical necessity of evaluating this industrial injury with complete blood work including CBC, metabolic panel, HbA1C and TSH. While a UDS is appropriate for evaluation of treatment related to the industrial injury, the remaining laboratory evaluations are not clinically necessary at this point (in relation to the WC injury).