

Case Number:	CM15-0104915		
Date Assigned:	06/12/2015	Date of Injury:	05/15/2013
Decision Date:	07/21/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 24 year old male, who sustained an industrial injury on 05/15/2013. The injured worker was noted to have been injured while carrying furniture resulting in a shoulder pop and instant pain. On provider visit dated 03/05/2015 the injured worker has reported left shoulder pain that radiates into his neck, arm and back. The back pain was noted as parascapular. On examination of the injured worker was noted to have diffuse tenderness in the cervical spine musculature, right shoulder tenderness associated with a well-healed medial epicondylar scar. Shoulder was noted to have a decreased range of motion. Grip strength was noted to be decreased on the right hand. The diagnoses have included complex regional pain syndrome and history of low back injury, cubital and carpal tunnel syndrome. Treatment to date has included physical therapy, injections, topical medication, and oral medication. The provider requested MRI of the cervical spine and consult for functional restoration program. Per note dated 4/29/15 patient had complaints of pain neck and right shoulder. Physical examination of the right shoulder and cervical region revealed tenderness on palpation, limited range of motion, negative spurling test, numbness in arm. The medication list includes Oxycodone, gabapentin, Elavil, Ultram and Flexeril. Patient has received an unspecified number of PT, chiropractic, massage visits for this injury. The patient's surgical history include CTR and RTR. The patient has had urine drug screen on 2/11/15 that was negative for all substances.

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.

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

Decision rationale: Request: MRI of the Cervical Spine. Per the ACOEM chapter, 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." Objective/ electro diagnostic evidence of severe, progressive neurological deficits suggestive of cervical radiculopathy was not specified in the records provided. The findings suggestive of tumor, infection, fracture, or other red flags were not specified in the records provided. A report of a recent cervical spine plain radiograph was also not specified in the records provided. Patient has received an unspecified number of PT, chiropractic, massage visits for this injury. Previous PT notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the cervical spine was not specified in the records provided. The medical necessity of the MRI of the Cervical Spine is not medically necessary for this patient.

Consult for Functional Restoration Program: Overturned

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 Chronic pain programs (functional restoration programs) Page(s): 30-32. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: Per the cited guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined. In addition per the cited guidelines: Criteria for the general use of

multidisciplinary pain management programs. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The injured worker was noted to have been injured while carrying furniture resulting in a shoulder pop and instant pain. On provider visit dated 03/05/2015 the injured worker has reported left shoulder pain that radiates into his neck, arm and back. On examination of the injured worker was noted to have diffuse tenderness in the cervical spine musculature, right shoulder tenderness associated with a well healed medial epicondylar scar. Shoulder was noted to have a decreased range of motion. Grip strength was noted to be decreased on the right hand. The diagnoses have included complex regional pain syndrome and history of low back injury, cubital and carpal tunnel syndrome. Treatment to date has included physical therapy, injections, topical medication, and oral medication. Per note dated 4/29/15 patient had complaints of pain neck and right shoulder. The medication list includes Oxycodone, gabapentin, Elavil, Ultram and Flexeril. Patient has received an unspecified number of PT, chiropractic, massage visits for this injury. The patient's surgical history includes CTR and RTR. The pt has a complex history and he has chronic pain beyond the expected time for recovery. He is on multiple medications including opioids. An initial evaluation to determine the necessity of a chronic pain management program is deemed medically appropriate and necessary in this patient at this time. The request for Consult (evaluation) for Functional Restoration Program is medically necessary and appropriate for this patient.