MAXIMUS Federal Services

Case Number:	CM15-0137346		
Date Assigned:	07/27/2015	Date of Injury:	02/05/2014
Decision Date:	09/17/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/15/2015

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: New Jersey
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 48 year old female, who sustained an industrial injury on 2-5-14. She has reported initial complaints of swelling of the right shoulder and immediate onset of pounding pain. The diagnoses have included discogenic cervical condition with facet inflammation and radiculopathy, bilateral shoulder impingement, rotator cuff strain, biceps tendinitis, acute acromioclavicular joint (AC) inflammation on the left, left lateral epicondylitis, ulnar neuritis bilaterally. Treatment to date has included medications, diagnostics, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician orthopedic progress note dated 6-16-15, the injured worker complains of right shoulder pain that radiates to the elbows, wrists and fingers. She also complains of left shoulder pain with numbness in the fingers. The current medications included Motrin. The objective findings-physical exam reveals that cervical flexion is 50 degrees, extension 40 degrees, and lateral tilting is 15 degrees bilaterally. The reverse Phalen is positive on the left. There is positive Hawkins and Speed test on the left. The cross arm test is positive on the left with tenderness at the acromioclavicular joint (AC). There is tenderness along the trapezius, pain along the facets and pain with facet loading C3-C7. There is no previous diagnostics noted in the records. The physician requested treatments included Magnetic Resonance Imaging (MRI) of the cervical spine without contrast, cervical pillow, cervical traction with air bladder and X-ray of the cervical spine A-P lateral.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was insufficient evidence to support the ordering of a repeat MRI of the cervical spine. There was no complaints or physical findings found from recent notes to suggest a red flag diagnosis or significant worsening of focal radiculopathy to warrant imaging altogether. A repeat MRI will not likely lead to improved care in this worker, based on the documentation presented for review, and this request is not medically as such.

Cervical pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back section, Pillow.

Decision rationale: The MTUS Guidelines do not address cervical pillow use. The ODG, however, states that cervical pillows are recommended during sleep, but only in conjunction with daily exercises, as it was not shown to be effective without the exercises. In the case of this worker, this cervical pillow might be helpful for this worker's neck and spine complaints, however, there was no mention of the worker performing home exercises for the neck and upper back and there was no documentation of this provider recommending exercises to go along with the use of a pillow to support its use. Therefore, the cervical pillow under these circumstances is not medically necessary.

Cervical traction with air bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Traction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Traction.

Decision rationale: The MTUS ACOEM Guidelines state that cervical traction does not have high-grade scientific evidence to support its effectiveness or ineffectiveness. However, it may be considered on a trial basis with close monitoring. Continuation would need to be justified by evidence of functional benefit from previous treatments with traction. The ODG states that only home-based devices (in particular the over-the-door type) are recommended for this trial as they come with lower risk than institutional traction devices that are powered. Also, the ODG recommends that it should be used only in combination with an exercise program and use beyond 2-3 weeks should be backed up by functional improvement. In the case of this worker, there was no evidence to suggest this worker was actively performing home exercises for her neck and upper back, nor was there any recommendation by the provider to do such as the provider recommended cervical traction equipment, which would need to be used in combination with exercises. Therefore, without exercise to go along with this request, the cervical traction is not medically necessary at this time.

X-ray of the cervical spine A/P lateral: Upheld

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

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

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. In the case of this worker, there was already x-ray imaging performed many months prior, and there was no evidence from subjective complaints or physical findings found in recent documentation to support repeating of a cervical x-ray. There was no history of acute trauma, midline tenderness, or other evidence to suggest bony abnormality besides arthritic changes due to facet joint tenderness. Repeating x-ray imaging of the cervical spine is not likely to lead to improved care for this worker, in the opinion of this reviewer. Therefore, it is not medically necessary based on the documentation provided.