

Case Number:	CM15-0142646		
Date Assigned:	08/03/2015	Date of Injury:	06/08/2015
Decision Date:	09/21/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/22/2015

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: 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:

This 22 year old male sustained an industrial injury to the neck, shoulders, right wrist, left elbow, left ankle and back via motor vehicle accident on 6-8-15. The injured worker went to Emergency Department where x-rays were taken. Documentation did not disclose the results of diagnostic testing. The injured worker continued to work full duty and treated with pain medication and muscle relaxant. In an initial evaluation dated 6-25-15, the injured worker complained of pain to the neck, bilateral shoulders with radiation to the forearms associated with tingling, right wrist and upper and lower back, rated 7 to 8 out of 10 on the visual analog scale. Physical exam was remarkable for cervical spine with tenderness to palpation of the paraspinal with spasms and restricted range of motion, bilateral elbows with 5 out of 5 strength, normal sensation in upper extremities and intact reflexes, bilateral shoulder with tenderness to palpation over bilateral trapezius muscles and restricted range of motion and lumbar spine with tenderness to palpation to the paraspinal musculature with spasms and restricted range of motion, 5 out of 5 lower extremity strength with intact deep tendon reflexes and positive straight leg raise bilaterally. There was pain to palpation of the sternum and pectoralis muscles bilaterally. Current diagnoses included chest pain not elsewhere classified. The treatment plan included physical therapy three times a week for four weeks for the neck, low back and chest, a psychology evaluation, magnetic resonance imaging of the neck, low back and chest wall and medications (Naproxen Sodium and Omeprazole).  

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR (delayed release) 20 mg capsules, Qty 30 with 2 refills, take 1 daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory medications (NSAIDs) especially if at high risk of a gastrointestinal (GI) bleed such as age over 65, history of GI bleeds and/or concurrent treatment with other at-risk medications such as aspirin, corticosteroids, high dose NSAIDs or anticoagulants. Since this patient has no risk factors for a GI event the MTUS does not recommend prophylaxis with a proton pump inhibitor. The request is not medically necessary.

MRI (magnetic resonance imaging), Low Back: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304; 298-290. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Lower Back Pain, Revised 2011.

Decision rationale: Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the lower back are indicated in acute injuries with associated "red flags," that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or nerve root compromise. According to the American College of Radiology (ACR) guidelines for imaging patients with low back pain a MRI is the study of choice for low back pain associated with low-velocity trauma, osteoporosis, focal and/or progressive deficit, prolonged symptom duration or age >70 years. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. This patient does meet the criteria of prolonged (over 4 weeks) or persistent symptoms. However, the patient has not been given an adequate trial of

conservative care. The symptoms are non-specific and there are no "red flags" but there are signs on exam suggestive of nerve impingement. An EMG/NCV study has not been done. Considering all the above information, the ACR guidelines clearly indicate a MRI of the lower back is the imaging study of choice. The request is medically necessary.

MRI (magnetic resonance imaging), Chest Wall: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - MRI (magnetic resonance imaging); Pulmonary (Acute & Chronic) - MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 165, 169-72, 177-80, 182, 184-8; pg 196-7, 203, 211-2, 214. Decision based on Non-MTUS Citation 1) American College of Radiology, Appropriateness Criteria for the Imaging of Suspected Spine Trauma, Revised 20132) American College of Radiology, Appropriateness Criteria for the Imaging of Myelopathy, Revised 20113) American College of Radiology, Appropriateness Criteria for the Imaging in Diagnosis of Thoracic Outlet Syndrome, 20144) American College of Radiology, Appropriateness Criteria for the Imaging of Chronic Neck Pain, Revised 20126) Landwehr P, Schulte O, Lackner K. MR imaging of the chest: Mediastinum and chest wall. Eur Radiol. 1999;9(9):1737-44.

Decision rationale: Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. It is used to assess the body by clarifying the anatomy of the region tested. It can identify acute injuries (eg fractures, dislocations, infections), mechanical injuries (ligament or tendon strains), degenerative disorders (arthritis, tendinitis) or masses, tumors or cysts. It does not show function, only anatomy. Imaging study of choice to detect non-vascular diseases of the mediastinum and the chest wall is spiral CT. MRI of the chest wall is a useful supplement to spiral CT and is indicated when the provider suspects tumors of the posterior mediastinum for determining their position in relation to the neural foramina and the spinal canal; chest wall tumors; preoperative multiplanar imaging of primary mediastinal tumors; and when there are contraindications against CT exams with iodine contrast media. There are no "red flags" suggesting acute fractures, infections or tumors nor diagnosis of myelopathy or suspected thoracic outlet syndrome. Thoracic x-ray would be a better first test to evaluate the patient's complaints. The request is not medically necessary.

MRI (magnetic resonance imaging), Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 165, 169-72, 177-8, 182, 184-8. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Chronic Neck Pain, Revised 2013.

Decision rationale: MRI scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the neck are indicated in acute injuries with associated "red flags," that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors and the American College of Radiology recommend plain x-rays as the first imaging study. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. For this patient there was not documentation of a plain cervical x-ray being completed, the patient has not received adequate conservative care and the signs and symptoms are too non-specific to meet the criteria for MRI. A EMG/NCV test should be performed to identify the more subtle neurologic abnormalities and thus direct further studies or therapies. At this point in the care of this individual a MRI of the neck is not medically necessary.

Psych Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints Page(s): 3; pg 23, 25; pg 86-7, 90, 92; pg 166, Chronic Pain Treatment Guidelines Overview: Biomedical vs Biopsychosocial Model; Complex Regional Pain Syndrome (CRPS); Psychological evaluations Page(s): 5-6, Part 1, pg 40, 100-2, Part 2.

Decision rationale: It is well known that there are multiple barriers to recovery from work-related injuries and psychosocial barriers are common. MTUS acknowledges the strong evidence that psychosocial variables are strongly linked to the transition from acute to chronic pain disability and significant impact on the development of longer-term disabilities. Psychological evaluations are, therefore, recommended. The patient is in this acute-to-chronic transition process at this time and a psychological evaluation may make the difference in preventing long-term disability. Medical necessity for this evaluation has been established. The request is not medically necessary.