

Case Number:	CM15-0149407		
Date Assigned:	08/12/2015	Date of Injury:	05/27/2008
Decision Date:	09/17/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/31/2015

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:

The injured worker is a 36 year old male who sustained an industrial injury on 05-27-2008. The injured worker was diagnosed with cervical strain, cervicogenic headaches, thoracic strain, and lumbar strain with bilateral lumbar radicular symptoms, mild bilateral carpal tunnel syndrome and depression. The injured worker is status post anterior C5-7 fusion (no date documented) and cervical hardware repair in December 2013. Treatment to date has included diagnostic testing with recent cervical spine magnetic resonance imaging (MRI) in June 2015 and thoracic spine magnetic resonance imaging (MRI) in May 2015, surgery, physical therapy, psychiatric evaluation and treatment, night wrist braces and medications. According to the primary treating physician's progress report on July 7, 2015, the injured worker continues to experience neck pain with spontaneous flare-ups associated with spasm, headaches and bilateral shoulder pain. Evaluation noted the injured worker to be anxious and frustrated with the intensity of the flare-up. Examination of the cervical spine demonstrated mild to slight spasm or tightness in the mid and lower paracervical musculature. Range of motion was noted as flexion at 70% of normal, extension at 50% of normal, right lateral flexion at 70% of normal and left lateral flexion at 50% of normal. The thoracic spine examination noted tenderness and spasm from T1 to T4 parathoracic muscles then from T7 to T10 bilaterally and equal. The lumbar paraspinal muscles noted slight tightness or spasm with negative straight leg raise bilaterally. Range of motion was documented as flexion at 80% of normal, extension at 70 of normal and bilateral lateral flexion at 90% of normal. Shoulder and wrist examination was within normal with negative impingement signs. Current medications were listed as Norco, Neurontin, Zanaflex, Effexor and

Saphris SL. Treatment plan consists of tapering and discontinuing Zanaflex and Neurontin and changing to Soma, Opana IR for pain control, continuing with wrist braces, follow-up in one week and the current request for psychiatric care, cervical and thoracic spine magnetic resonance imaging (MRI), laboratory blood work and Norco 10mg-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs with LFT and RFT: 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 Acetaminophen Page(s): 12.

Decision rationale: MTUS Guidelines recommend screening for toxicity from Acetaminophen if there is large dosing utilized (generally considered 4000mg or above daily) or other risk factors such as alcoholism. These circumstances are not documented. Prior screening was performed on 2/19/15 and liver/renal function was normal and no justification is given to repeat the testing. In addition, the request is open ended to be considered medically necessary. The request for Labs with LFT (liver function tests) and RFT (renal function tests) is open ended and none specific regarding what additional testing is to be performed. Under these circumstances, the Labs with LFT and RFT is not supported by Guidelines and is not medically necessary.

MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Computed tomography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck/Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not address this issue of repeat MRI scanning. ODG Guidelines directly address this issue and support repeat studies if there is a substantial change in an individual's medical presentation. This individual meets this criteria with the reported recent significant increase in radicular symptoms. Prior MRI studies revealed potential causes of left sided radicular symptoms and follow up testing for possible surgical indications is consistent with Guidelines and is medically necessary. Therefore, the request is medically necessary.

MRI of the thoracic spine: 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), Low Back, Indications for magnetic resonance imaging.

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.

Decision rationale: MTUS Guidelines do not address the issue of repeat spinal MRI scans. ODG Guidelines directly address this issue and do not support repeat studies unless there is a substantial change in an individual's condition. This qualifying circumstance does not apply as the mid back symptoms are documented to be chronic and stable. Ongoing chronic pain is not considered an adequate condition to justify repeat MRI scanning. There are no unusual circumstances to justify an exception to the Guideline recommendations. The MRI of the thoracic spine is not medically necessary.

Psychiatric care: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological care Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress/Cognitive Therapy for stress-depression.

Decision rationale: Guidelines are supportive of psychological support/treatment for individuals with chronic pain. However, ODG Guidelines have recommendations regarding what is considered a reasonable amount and type of physiological care. As such, this request is to open ended to meet Guideline requirements. The number of sessions, length of treatment and type of treatment are not documented as a part of this request which would be essential per Guideline standards. Given the open-ended nature of this request it is not consistent with Guidelines and is not medically necessary and appropriate.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines not that there should be clear evidence of benefits and functional improvements to justify use of opioid medications. This individual has a history for opioid misuse and it would be imperative that improvements would be clearly documented along with drug testing to rule out concurrent illegal drug use. These standards have not been met. The Norco was provided for 1 month without documented benefit and there was no pre-use drug screening or other risk assessments. Under these circumstances, the Norco 10/325mg #90 is not supported by Guidelines and is not medically necessary.