

Case Number:	CM15-0182127		
Date Assigned:	09/23/2015	Date of Injury:	08/31/2013
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 male with a date of injury on 08-31-2013. The injured worker is undergoing treatment for cervical spine-strain with history of right upper extremity radicular complaints, lumbosacral sprain-strain, bilateral shoulder pain, cervicolumbar sprain-strain, mild right hip greater trochanteric bursitis with mild early degenerative changes and left thumb MCP joint pain. Comorbid diagnoses include hypertension, heart trouble, and stomach ulcers. Work related injuries include PTSD, anxiety depression, gastroesophageal reflux disease sinus problems and hypertension. A physician progress note dated 07-29-2015 documents the injured worker complains of pain to his neck, left shoulder, and right wrist, mid back, low back, left foot and right hip. He rates his pain as 7 out of 10. Pain interferes with his ability to sleep, perform activities of daily living and with interpersonal relationships. He has cervical tenderness at C6 to C8 and over the trapezius musculature on the right. Cervical range of motion is restricted. There is tenderness at the L1 to L5 at midline and range of motion is restricted. He has full range of motion in his shoulders. Both hands and wrists have full range of motion and motor strength is 5 out of 5. X rays done on this date reveal disc space narrowing at C3-C4. No significant degenerative changes are noted. The lumbosacral spine X rays reveal space narrowing at L5-S1 and L1-L2. Treatment to date has included diagnostic studies, medications, massage, and activity modifications. He is status post right wrist surgery, left shoulder surgery, neck surgery and left foot surgery. The Request for Authorization dated 08-21-2015 includes open Magnetic Resonance Imaging of the cervical and lumbar spine and a Pain Management consultation. On 08-24-2015 the Utilization Review non-certified the request for an open

Magnetic Resonance Imaging-cervical spine, open Magnetic Resonance Imaging- lumbar spine, and a pain Management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Neck and Upper Back Chapter).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck- MRI.

Decision rationale: Open MRI, cervical spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients 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. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The ODG states that an MRI can be ordered with progressive neurologic deficits and radiographs revealing spondylosis, equivocal or positive findings, or trauma or if the patient has chronic neck pain and the radiographs reveal disc margin destruction. The documentation does not indicate evidence of red flag findings or progressive neurological deficits therefore the request for an MRI of the cervical spine is not medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (text, page 127); ODG (Low Back Chapter).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Pain management consultation is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a

health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the need for a pain management consultation. It is unclear how this consult will change the medical management of the patient or that patient has exhausted all forms of conservative treatment therefore this request is not medically necessary.

Open MRI, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG (Low Back Chapter).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Open MRI, lumbar spine is not medically necessary per the ACOEM MTUS guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The documentation submitted does not reveal progressive neurologic findings on physical examination or a red flag diagnoses. The request for a lumbar MRI is not medically necessary.