

Case Number:	CM15-0188225		
Date Assigned:	09/30/2015	Date of Injury:	07/29/2014
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/24/2015

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: Arizona, 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 40 year old male, who sustained an industrial injury on July 29, 2014. He reported injury to left forearm and burns to left face and ear after an explosion. The injured worker was diagnosed as having left radial fracture, blast injury, first and second degree burns to the face and rupture of the tympanic membrane. Treatment to date has included diagnostic studies, surgery medication, physical therapy and chiropractic treatment. Chiropractic treatment was reported to cause a lot of pain and discomfort in his lower back. On July 31, 2015, EMG-nerve conduction study revealed a left sided cervical radiculopathy at the C6 and potentially C5 and C7 levels. On September 1, 2015, the injured worker complained of neck pain and radiating pain down the left upper extremity. The injured worker also reported headaches. Notes stated that another treating physician suggested the use of no more than Tylenol and aspirin for treatment of headaches. Notes stated that a left knee injection did not help the injured worker, suggesting that his lumbar radiculopathy is a primary problem. Physical examination revealed mild pain about the base of the neck with mildly positive Spurling maneuver with reproduction of pain down the left upper extremity. He had diffuse tenderness about the lower lumbar paravertebral muscles and mildly positive tension signs bilaterally. A complete series of cervical spine diagnostic studies were noted to reveal mild to moderate cervical degenerative disk disease. The treatment plan included a thoracic and cervical MRI, physical therapy and Ultram medication. On September 11, 2015, utilization review denied a request for Tramadol 150mg #60, MRI of the cervical spine and MRI of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant was on Norco for months. The surgeon wanted to wean the claimant off of Norco/opioids. The claimant was provided Tramadol. There was no mention of weaning or taper program. Tylenol or NSAIDS could have been provided rather than initiating Tramadol. The request for Tramadol is not medically necessary.

MRI (magnetic resonance imaging), 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: Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The claimant had a cervical MRI on 10/24/14 that indicated mid bulging of C3-C5. An exam on 9/1/15 did not note left sided Spurling's signs and a prior EMG showed C4-C5 radiculopathy. The request for another MRI of the cervical spine is not medically necessary since there was an MRI 11 months prior, no new injuries, and no mention to perform surgery based on MRI.

MRI (magnetic resonance imaging), thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the Thoracic spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The claimant had left upper extremity Spurling's sign and an EMG that showed radiculopathy on C5-C &. Based on clinical and exam findings, the request for an MRI of the thoracic spine (rather than a cervical spine) is not medically necessary.