

Case Number:	CM15-0192297		
Date Assigned:	10/06/2015	Date of Injury:	07/08/2012
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/30/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55 year old, female who sustained a work related injury on 7-8-12. A review of the medical records shows she is being treated for neck, back and left hip pain. Treatments have included 3-4 chiropractic therapy ("increased pain"), home exercises, 11 physical therapy visits ("not helpful"), 2 epidural injections in February and March 2014 ("did not help her pain") and medications. No previous MRI of cervical spine. Current medications include Norco, Pamelor, Clonazepam, Gabapentin, Prazosin and Metaxalone. In the progress notes, the injured worker reports increased and severe neck pain, greater on left side, with left arm symptoms. She has burning pain on the left side of neck as well as radiation of pain, numbness, and weakness in both arms to hands, left arm is worse. She reports "medication is not helpful in relieving this pain." She reports neck muscle in front has muscle spasms. She reports radiating pain, numbness, tingling and weakness in both hands and forearms. In the objective findings dated 8-21-15, she has decreased range of motion in cervical neck. She has decreased sensation over the left C5-C8 dermatomes. Working status not noted. The treatment plan includes requests for orthopedic follow-ups and an MRI of cervical spine. The Request for Authorization dated 8-21-15 has requests for orthopedic follow-ups, for a 4-week follow-up, for pain management follow-ups and for an MRI of cervical spine. In the Utilization Review dated 9-24-15, the requested treatment of unknown general orthopedic follow-ups and an MRI of the cervical spine are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown general ortho follow ups: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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 determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening." The treating physician does not detail the rationale or provide additional information for the requested follow-ups. Additionally, the requested number of visits and duration of this request is not specified. As such, the request for Unknown general ortho follow-ups is not medically necessary at this time.

Single positional MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Magnetic Resonance Imaging.

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

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure." ODG states, "Not recommended except for indications list below. Patients

who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging." Indications for imaging -- MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present, Neck pain with radiculopathy if severe or progressive neurologic deficit, Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present, Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present, Chronic neck pain, radiographs show bone or disc margin destruction, Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal", Known cervical spine trauma: equivocal or positive plain films with neurological deficit, Upper back/thoracic spine trauma with neurological deficit. The treating physician has provided evidence of chronic neck pain, decreased cervical range of motion, and decreased sensation in the C7-C8 dermatome on the left. As such, the request for Single positional MRI of the cervical spine is medically necessary.