

Case Number:	CM15-0206554		
Date Assigned:	10/26/2015	Date of Injury:	03/13/2015
Decision Date:	12/07/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on 3-13-15. The injured worker is diagnosed with cervical and lumbar strain (rule out disc herniation), right shoulder strain (rule out rotator cuff tear) and right upper extremity radicular pain (rule out carpal tunnel). Her work status is temporary total disability. Notes dated 7-23-15 and 8-31-15 reveals the injured worker presented with complaints of neck pain that radiates into her right forearm and arm as well as tingling in his bilateral upper extremities to her hands (right greater than left), low back pain that radiates to her right lower extremity and right shoulder pain. Her pain is described as aching, numbness, pins and needles and stabbing and is rated at 5-9 out of 10 (activity dependent) . Her pain is increased with heavy lifting, repetitive motions, prolonged standing and walking, and bending and twisting and improved with rest and medications. She reports difficulty with self- care, writing, typing, climbing 10 steps, standing, sitting, reclining, rising from a chair, shopping, driving, travel and light housework. Physical examinations dated 7-23-15 and 8-31-15 revealed decreased cervical spine range of motion, positive compression test with radiation of pain to the anterior lateral arm and forearm with decreased sensation noted. The cervical paravertebral, levator scapulae and trapezius muscles are tender bilaterally. The lumbar spine reveals tenderness and hypertonicity of the paraspinal and quadratus muscles, decreased sensation in the right L4-S1 distribution as well as bilateral decreased muscle strength at L4, L5 and S1. There is decreased range of motion in the right shoulder, positive impingement sign, decreased strength in resisted flexion and abduction and external rotation as well as slight loss of sensation over the left upper shoulder. Treatment to date has included physical therapy

and medications (opioid and anti-inflammatory). Diagnostic studies include x-rays. A request for authorization dated 9-17-15 cervical spine MRI and urine toxicology screen is non-certified, per Utilization Review letter dated 10-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Overturned

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

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 (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work injury while working as a CNA in March 2015 when she fell backwards striking her head against a counter and is being treated for neck, low back, and right shoulder pain. Her evaluation on the date of injury included x-rays of the cervical spine showing C5/6 spondylosis. She was seen for an initial evaluation by the requesting provider on 07/23/15. She had neck pain with stiffness, low back pain with give way lower extremity weakness, right shoulder pain with radiating symptoms into the neck and arm, and intermittent right hand and finger numbness and tingling. Physical examination findings included cervical spine range of motion with cervical paraspinal muscle and trapezius muscle tenderness. There was positive right Spurling's and positive cervical compression testing. There was decreased upper extremity sensation. Tramadol was recommended. Requests included urine drug screening, a cervical MRI, and electrodiagnostic testing. In August 2015 the report references the requests as being denied and they were requested again. For the evaluation of the patient with chronic neck pain, anteroposterior, lateral, and open mouth plain x-ray should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. In this case, the claimant has positive neural tension signs and upper extremity radicular symptoms with decreased upper extremity sensation. Plain film x-rays have already been done. There is no MRI result documented to date. A cervical spine MRI is medically necessary.

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing (UDT).

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

Decision rationale: The claimant sustained a work injury while working as a CNA in March 2015 when she fell backwards striking her head against a counter and is being treated for neck, low back, and right shoulder pain. Her evaluation on the date of injury included x-rays of the cervical spine showing C5/6 spondylosis. She was seen for an initial evaluation by the requesting provider on 07/23/15. She had neck pain with stiffness, low back pain with give way lower extremity weakness, right shoulder pain with radiating symptoms into the neck and arm, and intermittent right hand and finger numbness and tingling. Physical examination findings included cervical spine range of motion with cervical paraspinal muscle and trapezius muscle tenderness. There was positive right Spurling's and positive cervical compression testing. There was decreased upper extremity sensation. Tramadol was recommended. Requests included urine drug screening, a cervical MRI, and electrodiagnostic testing. In August 2015 the report references the requests as being denied and they were requested again. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case when the request was made tramadol was being initiated. There are no documented urine drug screening results. Urine drug screening is medically necessary.