

Case Number:	CM15-0217150		
Date Assigned:	11/06/2015	Date of Injury:	09/12/2011
Decision Date:	12/21/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/03/2015

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 49 year old female who sustained an industrial injury 09-12-11. A review of the medical records reveals the injured worker is undergoing treatment for shoulder sprain, sprain of the ligaments of the cervical spine, sprain of the thoracic and lumbar region, carpal tunnel syndrome, lumbar radiculopathy, cervical brachial neuritis, wrist sprain, and bicipital tenosynovitis. Medical records (10-05-15) reveal the injured worker complains of cervical spine, right shoulder, right wrist, thoracic and lumbar spine pain. Cervical and thoracic spine pain is rated at 5-7/10. Lumbar spine pain is rated at 8-10/10. Right wrist pain is rated at 3-5/10, and right shoulder pain is rated at 4-6/10. Thoracic spine pain is rated 4-7/10 on 09-15-15. Cervicothoracic spine pain is rated at 6-8/10 (08-10-15). Thoracic spine pain is not listed as a complaint (07-27-15). Thoracolumbar spine pain is rated at 6-8/10 (07-20-15) and on 07-01-15 the thoracic spine pain is not rated. The physical exam (10-05-15) reveals tenderness, muscle spasms, and restricted painful range of motion of the lumbar spine. Tenderness and restricted range of motion is noted in the thoracic spine. Spasms and restricted range of motion are noted in the cervical spine, right shoulder, hand, and wrist. Prior treatment includes neck surgery, thoracic cortisone injections, and medications including Wellbutrin, Ambien, Soma, Valium, and Percocet. The original utilization review (10-27-15) non certified the request for speech therapy, a MRI of the thoracic spine, and Percocet 10/325 #90. Per the treating provider speech therapy was recommended by an ear, nose, and throat specialist. The documentation supports that the injured worker has been on Percocet since at least 05-07-15. Per the treating provider the

thoracic spine symptoms slowly and progressively increase, and together with the tenderness necessitate the thoracic spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech therapy QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in September 2011 when she had low back pain with referral of pain to the left lower extremity while lifting cases in a mail room. She had several other injuries including during an altercation. She underwent a right rotator cuff subacromial decompression with labral debridement in March 2012 and a C3-4 discectomy and anterior fusion on May 2015. She has obstructive sleep apnea and is obese. She continues to be treated for back and shoulder pain. When seen in October 2015 she had a flare up of thoracic pain since the last visit three weeks before attributed to her recovering from her cervical spine surgery. She had been seen by an ENT specialist due to volume issues related to her vocal cords and speech therapy had been recommended. Complaints included thoracic pain in the interscapular area bilateral with radiation to the thoracolumbar junction. This had been a chronic problem since her injury in September 2011. Physical examination findings included moderate thoracic tenderness with slightly increased kyphosis. There was decreased thoracolumbar range of motion. She was in moderate distress and was using a walker. There was a diagnosis of a thoracic sprain. Percocet was being prescribed and was continued. Requests included a thoracic spine MRI and speech therapy. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has a history of a recent anterior cervical decompression and fusion and has problems with phonation and may have vocal cord dysfunction. A speech therapy evaluation and possible treatments are medically necessary. However, the number of visits being requested was not specified. For this reason the request is not medically necessary.

MRI of thoracic spine QTY: 1: 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), Lumbar and Thoracic Spine (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

Decision rationale: The claimant sustained a work injury in September 2011 when she had low back pain with referral of pain to the left lower extremity while lifting cases in a mail room. She had several other injuries including during an altercation. She underwent a right rotator cuff subacromial decompression with labral debridement in March 2012 and a C3-4 discectomy and anterior fusion on May 2015. She has obstructive sleep apnea and is obese. She continues to be treated for back and shoulder pain. When seen in October 2015 she had a flare up of thoracic pain since the last visit three weeks before attributed to her recovering from her cervical spine surgery. She had been seen by an ENT specialist due to voice issues related to her vocal cords and speech therapy had been recommended. Complaints included thoracic pain in the interscapular area bilateral with radiation to the thoracolumbar junction. This had been a chronic problem since her injury in September 2011. Physical examination findings included moderate thoracic tenderness with slightly increased kyphosis. There was decreased thoracolumbar range of motion. She was in moderate distress and was using a walker. There was a diagnosis of a thoracic sprain. Percocet was being prescribed and was continued. Requests included a thoracic spine MRI and speech therapy. Applicable indications in this case for obtaining an MRI of the thoracic spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection, when there is radiculopathy with severe or progressive neurologic deficit, a history of prior surgery, the presence of cauda equina syndrome, or after at least one month of conservative therapy. In this case, there are no identified red flags and the claimant's symptoms had been present for only three weeks. Her condition is chronic since injury more than 4 years ago. The requested MRI of the thoracic spine is not medically necessary.

Percocet 10mg/325mg tablets QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in September 2011 when she had low back pain with referral of pain to the left lower extremity while lifting cases in a mail room. She had several other injuries including during an altercation. She underwent a right rotator cuff subacromial decompression with labral debridement in March 2012 and a C3-4 discectomy and anterior fusion on May 2015. She has obstructive sleep apnea and is obese. She continues to be treated for back and shoulder pain. When seen in October 2015 she had a flare up of thoracic pain since the last visit three weeks before attributed to her recovering from her cervical spine surgery. She had been seen by an ENT specialist due to voice issues related to her vocal cords and speech therapy had been recommended. Complaints included thoracic pain in the interscapular area bilateral with radiation to the thoracolumbar junction. This had been a chronic problem since her injury in September 2011. Physical examination findings included moderate thoracic tenderness with slightly increased kyphosis. There was decreased thoracolumbar range of motion. She was in moderate distress and was using a walker. There was a diagnosis of a thoracic sprain. Percocet was being prescribed and was continued. Requests included a thoracic

spine MRI and speech therapy. Percocet (oxycodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.