MAXIMUS Federal Services

Case Number:	CM15-0220688		
Date Assigned:	11/16/2015	Date of Injury:	02/16/2010
Decision Date:	12/28/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/10/2015

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: Utah, Arkansas
Certification(s)/Specialty: Family Practice, Sports 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 43-year-old male who sustained an industrial injury on 02-16- 2010. According to a consultation report dated 10-27-2015, the injured worker reported persistent neck and bilateral upper trapezius muscle pain rated 3-8 out of 10 in intensity and pain between the shoulder blades. Pain was worse with prolonged standing. Physical therapy was helpful in the past. He was currently not working. He had seen a pain specialist who recommended an injection for his neck, but he refused. Ibuprofen caused inflammation to his liver and was discontinued. He had also been told that he might need surgery, but he refused. He was taking Tylenol as needed. Range of motion of the neck was 30% of normal with bilateral lateral bending. Pain with end range flexion and extension of the cervical spine was noted. Positive bilateral facet maneuvers were noted. Questionable positive bilateral Spurling maneuvers were also noted. Deep tendon reflexes were symmetric. Sensory was intact. Motor was 5 out of 5. Testing of left hand strength was not done due to the presence of a cast. There was tenderness to palpation of the bilateral upper trapezius with palpable spasm. There was tenderness to palpation at bilateral T4-T6 paraspinal muscles with palpable spasm. Diagnoses included cervicalgia and pain in thoracic spine. The treatment plan included Tramadol, Cyclobenzaprine and discontinuation of Tylenol. Authorization was being requested for MRI of the cervical spine to rule out disc herniation, cervical spine x-rays to rule out facet arthropathy and abnormal hypermobility with flexion and extension, MRI of the thoracic spine to rule out herniated disc and x-rays to rule out facet arthropathy. Physical therapy was going to being considered following the review of these studies. Authorization requests dated 10-27-2015 were submitted for review. The requested

services included MRI of the cervical spine and thoracic spine without contrast, thoracic spine x-ray series, cervical spine x-ray series with flexion extension views and Tramadol and Flexeril. On 11-05-2015, Utilization Review non-certified the request for x-ray for thoracic spine, MRI of cervical spine without contrast and MRI of thoracic spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray for Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for cervical X-ray. MTUS guidelines state the following: Initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. The patient does not meet these criteria, objective finding show a normal neuro exam. According to the clinical documentation provided and current MTUS guidelines, cervical X-ray is not indicated as a medical necessity to the patient at this time.

MRI of cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Surgical Considerations.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI of the spine.MTUS guidelines state the following: Despite the lack of strong medical evidence supporting it, diskography, including MRI, is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration; Failure of conservative treatment; Satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided); Is a candidate for surgery; Has been briefed on potential risks and benefits from diskography and surgery. The clinical documents lack documentation that the patient has met these criteria. According to the clinical documentation provided and current MTUS guidelines; MRI, as written above, is not indicated as a medical necessity to the patient at this time.

MRI of Thoracic spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, Surgical Considerations.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI of the spine. MTUS guidelines state the following: Despite the lack of strong medical evidence supporting it, diskography, including MRI, is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration; Failure of conservative treatment; Satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided;) Is a candidate for surgery; Has been briefed on potential risks and benefits from diskography and surgery. The clinical documents lack documentation that the patient has met these criteria. According to the clinical documentation provided and current MTUS guidelines; MRI, as written above, is not indicated as a medical necessity to the patient at this time.