

Case Number:	CM15-0032189		
Date Assigned:	02/25/2015	Date of Injury:	04/20/2012
Decision Date:	04/13/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male, who sustained an industrial injury on 4/20/12. The injured worker has complaints of cervical spine, left wrist, right elbow and right shoulder pain. The diagnoses have included lumbar discogenic disease; cervical discogenic disease and radiculopathy. Treatment to date has included cervical epidural steroid injections (CESI) on 12/2013 that helped for a month but then returned; received lumbar epidural steroid injections in 12/2014. According to the utilization review performed on 1/22/15, the requested Naproxen 550 mg #60 with 1 refill has been modified to Naproxen 550 mg #60 with the remaining 1 refill between non-certified. The requested One (1) consultation to address umbilica hernia surgery has been certified. the requested One (1) MRI of the lumbar spine; Ultram 50 mg #60 with 1 refill; One (1) MRA right shoulder and One (1) consultation with orthopedic to address cervical spine has been non-certified. American College of Occupational and Environmental Medicine (ACOEM), Chapter 12 (Low Back Complaints) (2004), page 303 and page 53, Chapter 9, (Shoulder Complaints), Chapter 8 (Neck and Upper Back Complaints) (2004), page 179; Official Disability Guidelines; California Medical Treatment Utilization Schedule (MTUS) were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRIs (magnetic resonance imaging), low back.

Decision rationale: The patient presents with neck, low back, right shoulder, right elbow, right wrist and knee pain. The current request is for MRI of the lumbar spine. The treating physician states the patient has 4/10 pain with radiculopathy bilaterally to feet. The patient had a previous MRI in May 2012, which showed "no focal neural impingement or spinal canal stenosis." The ODG guidelines state repeat MRI is warranted "When there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the treating physician states he is requesting an MRI because he "needs updated study." The patient has not had a significant change in symptoms since the last MRI and there have been no findings provided that suggests worsening pathology. The current request is not medically necessary and the recommendation is for denial.

Ultram 50 mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with neck, low back, right shoulder, right elbow, right wrist and knee pain. The current request is for Ultram 50 mg, #60, with one refill. The treating physician states the patient's pain for the above body parts rate anywhere from 2/10 to 4/10. It is unclear if this is with or without medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not provided information regarding the 4As. There is no functional improvement documented and no pain assessment provided. The current request is not medically necessary and the recommendation is for denial.

Naproxen 550 mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: The patient presents with neck, low back, right shoulder, right elbow, right wrist and knee pain. The current request is for Naproxen 550 mg, #60, with one refill. The treating physician states the patient's pain for the above body parts rate anywhere from 2/10 to 4/10. MTUS guidelines for medications for chronic pain state, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS further states, "A record of pain and function with the medication should be recorded." In this case, the treating physician has not provided documentation as to medication efficacy. There is no discussion of this in the reports provided. The current request is not medically necessary and the recommendation is for denial.

One (1) MRA right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 ODG, Shoulder chapter MR arthrogram.

Decision rationale: The patient presents with neck, low back, right shoulder, right elbow, right wrist and knee pain. The current request is for MRA of right shoulder. The treating physician states that the patient is said to be improving since shoulder surgery 2/18/14 but still has pain 4/10. The ODG guidelines state MR arthrogram is recommended "as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." In this case, the treating physician wants to rule out rotator cuff tear. The previous shoulder surgery performed was arthroscopic subacromial decompression. The treating physician suspects re-tear since the surgery performed last year. Therefore, the current request is medically necessary and the recommendation is for authorization.

One (1) consultation with orthopedic to address cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-80.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Pg. 127 Chapter 7, Specialty referral.

Decision rationale: The patient presents with neck, low back, right shoulder, right elbow, right wrist and knee pain. The current request is for one consultation with orthopedic to address cervical spine. The treating physician states cervical spine pain is 4/10. A previous CESI helped for about a month but the pain returned. Orthopedics recommended surgery for cervical spine if CESI failed to help, so the treating physician would like to schedule a follow-up with orthopedics. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following:

"The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treating physician indicates a referral for orthopedic consultation is needed due to failed CESI and previous recommendation from orthopedics regarding consideration of cervical spine surgery. The patient should be afforded a specialty consultation to address persistent and chronic pain. The plan or course of care may benefit from additional expertise in this case. The current request is medically necessary and the recommendation is for authorization.