

Case Number:	CM15-0042032		
Date Assigned:	03/12/2015	Date of Injury:	03/06/2011
Decision Date:	05/12/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/05/2015

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

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 65-year-old female, who sustained an industrial injury on 3/6/11. She reported neck and shoulder pain. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included oral pain medications, oral antispasmodics, right carpal tunnel release, occupational therapy and acupuncture. Currently, the injured worker complains of increased pain in right hand radiating to right neck and triggering in right thumb and second and third fingers. Upon physical exam neck stiffness, cervical lordosis, posterior cervical splinting and paracervical, sternocleidomastoid and trapezius muscles are noted and bilateral shoulder exam noted tenderness on palpation around the trapezius and anterior shoulder bilaterally and bilateral wrist exam noted tenderness to palpation of right palm and tenderness of left thumb with triggering, some triggering left index finger and tenderness of flexor surface of left middle finger. The treatment plan on the progress note dated 9/3/14 consisted of Norco, baclofen salon pas as need and follow up appointment with orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Cervical Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter, MRI.

Decision rationale: The patient presents with pain and weakness in her neck, shoulders and upper extremity. The patient is s/p right carpal tunnel release on 06/11/13. The request is for MRI OF THE CERVICAL SPINE. The treater provided one treatment report on 09/03/14. Examination of the neck shows loss of cervical lordosis, muscle spasms in the right side, posterior cervical splinting and normal ROM of the neck. The patient is currently working with retrictions. MTUS guidelines do not discuss MRIs. The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. ACOEM guidelines do not recommend it unless there is an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. ODG guidelines support MRI's of C-spine if there is "progressive neurologic deficit" present with radiculopathy. In this case, the treater does not explain why another MRI is being requested when the patient had a previous MRI on 01/03/13. MRI of the c-spine reveals multilevel uncovertebral degenerative changes result in severe bilateral neural foramina stenosis at C5/6 and C6/7, posterior disk bulges at C5/6 and C6/7. There has been no intervening new injury, neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure, or red flags to warrant another MRI. The request IS NOT medically necessary.

MRI of the Bilateral Shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Cervical Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MRI.

Decision rationale: The patient presents with pain and weakness in her neck, shoulders and upper extremity. The patient is s/p right carpal tunnel release on 06/11/13. The request is for MRI OF THE BILATERAL SHOULDERS. The treater provided one treatment report on 09/03/14. Examination of the shoulder shows tenderness over trapezius and anterior shoulder bilaterally, normal ROM of the shoulder bilaterally, normal strength in upper extremities bilaterally. The patient has had MRI of the cervical spine on 01/03/13 and NCS/EMG of the upper extremity on 01/28/13, showing mild to moderate carpal tunnel syndrome bilaterally. The

patient is currently working with restrictions. MTUS does not discuss MRI's. ACOEM guidelines page 207-208 do not recommend MRI except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain, cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint or there is failure to progress in a strengthening program intended to avoid surgery. ACOEM guidelines refer to acute/sub acute condition. ODG guidelines, <http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>, do not support it unless there is a suspicion for internal derangement. In this case, the review of the reports does not show that the patient has had MRI of shoulder in the past. The utilization review letter on 02/06/15 indicates, "Impingement tests 1 and 2 are positive bilaterally. It is noted that the patient has rotator cuff tears of the bilateral shoulders. MRIs of the bilateral shoulders are being requested to further assess the patient's pathology." ODG supports an MRI to rule out rotator cuff and labral tear issues and the request appears reasonable. The request IS medically necessary.

Urine Toxicology Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with pain and weakness in her neck, shoulders and upper extremity. The request is for URINE TOXICOLOGY SCREEN. Per 09/03/14 progress report, the patient is taking Norco, baclofen, and salon pas. The patient is currently working with restrictions. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, none of the reports indicate whether or not the patient has undergone urine drug screening in the past. Given that the patient has not underwent urine drug screening at least since 09/03/14 and the patient's chronic opiate use, the request IS medically necessary.