

Case Number:	CM15-0234098		
Date Assigned:	12/09/2015	Date of Injury:	02/04/2015
Decision Date:	01/20/2016	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/30/2015

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:

This is a 55 year old male who sustained a work-related injury on 2-4-15. Medical record documentation on 10-15-15 revealed the injured worker was being treated for cervical strain, cervical spine pain, cervical spine weakness, muscle spasms of the neck, cervical disc bulge without myelopathy, cervical disc disorder with radiculopathy, arthritis of the right acromioclavicular joint, impingement syndrome of the right shoulder, right shoulder pain, right shoulder muscle weakness, stiffness of the right shoulder joint and carpal tunnel syndrome of the right wrist. He reported a painful condition involving the cervical spine, right shoulder and right wrist-hand. Objective findings included guarding on the right side of the neck and pain with motion. He had tenderness to palpation about the right side of the neck. Objective findings included cervical flexion to 40 degrees, extension to 20 degrees, bilateral lateral bending at 20 degrees and bilateral rotation at 60 degrees. He had right shoulder acromioclavicular joint tenderness. The injured worker had a positive Neer sign and Hawkin's test. His right shoulder range of motion included flexion to 160 degrees, abduction to 160 degrees, internal rotation to 60 degrees and external rotation to 60 degrees. He had a positive Tinel's sign at the right wrist-hand and positive Phalen's sign. His bilateral upper extremity motor strength was 5-5 and he had decreased sensation at the dorsoradial aspect of the right hand and the right index and middle fingers. The evaluating physician noted that x-rays of the cervical spine on 10-15-15 revealed disc space narrowing at C5-6 and C6-7 and osteophyte formation. An x-ray of the right shoulder on 10-15-15 was documented as revealing acromioclavicular joint arthritis with joint space narrowing and osteophyte formation. A request for Norco 10-325 mg #60, magnetic resonance

imaging (MRI) of the cervical spine, quantity: 1 and magnetic resonance imaging (MRI) of the right shoulder, quantity: 1 was received on 10-29-15. On 11-2-15, the Utilization Review physician determined Norco 10-325 mg #60, magnetic resonance imaging (MRI) of the cervical spine, quantity: 1 and magnetic resonance imaging (MRI) of the right shoulder, quantity: 1 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine, quantity: 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging.

Decision rationale: The patient was injured on 02/04/15 and presents with pain in his cervical spine, right shoulder, and right wrist/hand. The request is for a MRI (magnetic resonance imaging) of the cervical spine, quantity: 1. The utilization review denial rationale is that "the patient does not appear to have tried conservative therapies... does not appear to have neurological deficit that would warrant advanced imaging." The RFA is dated 10/23/15 and the patient is working full duty. The 10/15/15 x-ray of the cervical spine revealed disc space narrowing at C5-6 and C6-7 and osteophyte formation. Review of the reports provided does not indicate if the patient had a prior MRI of the cervical spine. Regarding MRI, 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: "Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: Not recommended except for indications listed below. Indications for imaging MRI:-Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit. The patient has guarding about the right side of the neck, pain with motion, and tenderness about the right side of the neck. He is diagnosed with cervical strain, cervical spine pain, cervical spine weakness, muscle spasms of the neck, cervical disc bulge without myelopathy, and cervical disc disorder with radiculopathy. The reason for the request is not provided. In this case, the patient has not had a prior MRI of the cervical spine and given the patient's continued neck pain, this request appears reasonable. The requested MRI of the cervical spine is medically necessary.

MRI (Magnetic Resonance Imaging) of the right shoulder, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Magnetic Resonance Imaging.

Decision rationale: The patient was injured on 02/04/15 and presents with pain in his cervical spine, right shoulder, and right wrist/hand. The request is for a MRI (magnetic resonance imaging) of the right shoulder, quantity: 1. The RFA is dated 10/23/15 and the patient is working full duty. The 10/15/15 x-ray of the right shoulder revealed acromioclavicular joint arthritis with joint space narrowing and osteophyte formation. Review of the reports provided does not indicate if the patient had a prior MRI of the cervical spine. ODG Guidelines, Shoulder Chapter, under Magnetic Resonance Imaging has the following: Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. Indications for imaging -- Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs... Subacute shoulder pain, suspect instability/labral tear... Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The patient has tenderness about the AC joint, a limited right shoulder range of motion, and a positive Hawkin's test. He is diagnosed with arthritis of the right acromioclavicular joint, impingement syndrome of the right shoulder, right shoulder pain, right shoulder muscle weakness, and stiffness of the right shoulder joint. The provided documentation does not indicate if the patient had a prior MRI of the right shoulder. The reason for the request is not provided. Given the patient's persistent level of symptoms and no prior MRI of the right shoulder, a MRI appears medically reasonable and supported by the guidelines. The request is medically necessary.

Norco 10/325mg # 60: Upheld

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

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

Decision rationale: The patient was injured on 02/04/15 and presents with pain in his cervical spine, right shoulder, and right wrist/hand. The request is for Norco 10/325 mg # 60 for pain. The RFA is dated 10/23/15 and the patient is working full duty. There is no indication of when the patient began taking this medication and there is only one treatment report provided prior to the utilization review date. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "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, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The patient is diagnosed with cervical strain, cervical spine pain, cervical spine weakness, muscle spasms of the neck, cervical disc bulge without myelopathy, cervical disc disorder with radiculopathy, arthritis of the right acromioclavicular joint, impingement syndrome of the right shoulder, right shoulder pain, right shoulder muscle weakness, stiffness of the right shoulder joint and carpal tunnel syndrome of the right wrist. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of specific ADLs, which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco is not medically necessary.