MAXIMUS Federal Services

Case Number:	CM15-0110312		
Date Assigned:	06/16/2015	Date of Injury:	01/19/2012
Decision Date:	07/15/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/08/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 40 year old female who sustained an industrial injury on 01/19/2012. The injured worker was diagnosed with cervical post laminectomy syndrome, cervicobrachial syndrome/thoracic outlet syndrome, chronic pain syndrome and left shoulder adhesive capsulitis. The injured worker is status post cervical anterior fusion C5-6 on January 28, 2013. Treatment to date has included diagnostic testing, surgery, physical therapy (6 sessions completed in 2015), home exercise program, psychological evaluation and Cognitive Behavioral Therapy (CBT), functional restoration program (FRP) in 2014 and medications. According to the primary treating physician's progress report on April 28, 2015the injured worker continues to experience neck, right shoulder and bilateral upper extremity pain with numbness and tingling that radiates into the left arm. The injured worker rates her average pain level at 7/10. The injured worker also reports some gastrointestinal (GI) distress secondary to Relafen. Examination of the cervical spine demonstrated decreased painful range of motion with 50% reduction. Left shoulder range of motion was decreased about 75%. There was positive hyper abduction on the left and slight decreased sensation in the left hand and 4th and 5th digits. Current medications are listed as Lyrica and Relafen. Treatment plan consists of additional physical therapy, hold off on Relafen until gastrointestinal (GI) symptoms subside, start Prilosec for gastrointestinal (GI) upset, continue with Lyrica, home exercise program, continue modified work duties and the current request for Computed Tomography (CT) of the cervical spine and magnetic resonance imaging (MRI) of the left brachial plexus.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met imaging of the neck or surrounding tissue and the request is not medically necessary.

MRI of the left brachial plexus: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met imaging of the neck or surrounding tissue and the request is not medically necessary.