

Case Number:	CM15-0117336		
Date Assigned:	06/25/2015	Date of Injury:	02/14/2003
Decision Date:	07/24/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/17/2015

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 60 year old female, who sustained an industrial injury on 2/14/2003. Diagnoses include cervical pain/cervicalgia, lumbago, low back pain, pain in the wrist/forearm and encounter long term use NEC. Treatment to date has included multiple surgical interventions on the cervical spine and hand and medications including ibuprofen, Morphine sulfate, Effexor, Floricet/Butalbitol/APAP/codeine, Valium, Oxycodone and Morphine sulfate extended release (MSER). Per the Primary Treating Physician's Progress Report dated 5/18/2015, the injured worker reported back pain and hand pain. She reported good relief from medications which allow her to walk several blocks, do much housework and be attentive to family. Without the medications she would not be able to do much of anything. She has no aberrant behavior and no side effects. Physical examination of the cervical spine revealed tenderness with decreased flexion in all planes. The left upper extremity was tender. There were positive Finkelstein's, Phalen's and Tinel's tests. Range of motion testing of the left wrist revealed decreased flexion with pain, decreased extension and decreased radial bending. The plan of care included diagnostics and medications and authorization was requested for Morphine Sulfate ER 15mg #120, Oxycodone 5mg #180, magnetic resonance imaging (MRI) of the cervical and thoracic areas and referral to a psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan of cervical area Qty: 1.00: 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): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

Decision rationale: The patient is without acute physiologic evidence of tissue insult, progressive neurological compromise, or red-flag findings to support imaging request. Criteria for ordering imaging studies include 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI scan of cervical area Qty: 1.00 is not medically necessary and appropriate.

MRI scan of thoracic area Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Magnetic resonance imaging (MRIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

Decision rationale: The patient is without acute physiologic evidence of tissue insult, progressive neurological compromise, or red-flag findings to support imaging request. Criteria for ordering imaging studies include 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI of the Thoracic spine nor document any specific clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of

nerve dysfunction can be obtained before ordering an imaging study. The MRI scan of thoracic area Qty: 1.00 is not medically necessary and appropriate.

Referral to a psychologist Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational medicine practice guidelines, 2nd edition, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23; Psychological Treatment, Pages 101-102. Decision based on Non-MTUS Citation (ODG), Mental & Stress, pages 532-533.

Decision rationale: Submitted reports have not described what psychological testing or evaluation are needed or identified what specific goals are to be obtained from the additional psychological evaluation beyond the pain psychological evaluation to meet guidelines criteria. MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no new findings or clinical documentation to support the Psychotherapy evaluation. Additionally, if specific flare-up has been demonstrated, the guidelines allow for initial trial of 3-4 sessions with up to 6-10 visits over 5-6 weeks; however, there is no specific symptom complaints or clinical findings to support for the general psychological referral. The Referral to a psychologist Qty: 1.00 is not medically necessary and appropriate.