

Case Number:	CM15-0174934		
Date Assigned:	09/16/2015	Date of Injury:	09/11/2009
Decision Date:	10/23/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/04/2015

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 61 year old male, who sustained an industrial injury on 9-11-2009. The medical records indicate that the injured worker is undergoing treatment for persistent neck and arm pain; status post cervical fusion (2012). According to the progress report dated 8-4-2015, the injured worker complains of continued posterior neck pain with radiation down his right arm to the level of his fingertips, associated with numbness, tingling, and weakness. The level of pain is not rated. The physical examination of the cervical spine reveals limited range of motion throughout. The current medications are Suboxone, Lyrica, Ibuprofen, and Ambien. Treatment to date has included medication management, x-rays, physical therapy, traction, functional restoration program (temporary relief), injections (temporary relief), and surgical intervention. AP and lateral x-rays of the cervical spine shows solid mature fusion at C5 through C7. There are no signs of any loosening or lucency. There is moderate junctional breakdown at C7-T1. There are no signs of any obvious fracture or other significant malalignment. Work status is not specified in the 8-4-2015 progress note. The original utilization review (8-17-2015) had non-certified a request for MRI of the cervical spine, laboratory tests (BMP) prior to MRI, and referral for cervical spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical spine with contrast: 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) - Neck and upper back; MRI.

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 & Chronic Chapter under Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with neck pain that radiates down to his right arm all the way down to his fingertips. The request is for MRI Cervical Spine With Contrast. The request for authorization is dated 08/10/15. The patient is status post C6-C7 posterior foraminotomy, 2012. X-rays of the cervical spine shows solid mature fusion at C5 through C7. There are no signs of any loosening or lucency. There is moderate junctional breakdown at C7-T1. There are no signs of any obvious fracture or other significant malalignment. Physical examination reveals range of motion of the cervical spine is limited throughout. He tried the functional restoration program in 2014 and states that he had temporary but not permanent relief. Other treatments include physical therapy and traction. Patient's medications include Suboxone, Lyrica, Ibuprofen, and Ambien. The patient's work status is not provided. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. (2) Neck pain with radiculopathy if severe or progressive neurologic deficit. (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. (5) Chronic neck pain, radiographs show bone or disc margin destruction. (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit. (8) Upper back/thoracic spine trauma with neurological deficit. Progress report dated 08/04/15, treater's reason for the request is "to evaluate for any ongoing persistent compression." Review of provided medical records do not show that the patient has had a prior MRI Cervical Spine. However, treater does not discuss or document any signs of neurologic deficit. ODG requires neurologic signs and symptoms for an MRI. The patient does not present with any red flags, significant exam findings demonstrating neurologic deficit to consider an MRI. Therefore, the request is not medically necessary.

Laboratory tests prior to MRI: Basic metabolic panel: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The patient presents with neck pain that radiates down to his right arm all the way down to his fingertips. The request is for Laboratory Tests Prior To MRI: Basic Metabolic Panel. The request for authorization is dated 08/10/15. The patient is status post C6-C7 posterior foraminotomy, 2012. X-rays of the cervical spine shows solid mature fusion at C5 through C7. There are no signs of any loosening or lucency. There is moderate junctional breakdown at C7-T1. There are no signs of any obvious fracture or other significant malalignment. Physical examination reveals range of motion of the cervical spine is limited throughout. He tried the functional restoration program in 2014 and states that he had temporary but not permanent relief. Other treatments include physical therapy and traction. Patient's medications include Suboxone, Lyrica, Ibuprofen, and Ambien. The patient's work status is not provided. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Treater does not discuss the request. The patient is currently taking Ibuprofen, an NSAID. MTUS supports the monitoring of CBC when patient is taking NSAIDs. Additionally, BMPs can be useful in examining a patient's overall hepatic and renal function. Review of provided medical records shows no evidence of a prior Lab Studies. Therefore, the request is medically necessary.

Referral to specialist for spinal cord stimulator: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127.

Decision rationale: The patient presents with neck pain that radiates down to his right arm all the way down to his fingertips. The request is for Referral To Specialist For Spinal Cord Stimulator. The request for authorization is dated 08/10/15. The patient is status post C6-C7 posterior foraminotomy, 2012. X-rays of the cervical spine shows solid mature fusion at C5 through C7. There are no signs of any loosening or lucency. There is moderate junctional breakdown at C7-T1. There are no signs of any obvious fracture or other significant malalignment. Physical examination reveals range of motion of the cervical spine is limited throughout. He tried the functional restoration program in 2014 and states that he had temporary but not permanent relief. Other treatments include physical therapy and traction. Patient's medications include Suboxone, Lyrica, Ibuprofen, and Ambien. The patient's work status is not provided. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Per progress report dated 08/04/15, treater's reason for the request is "for consideration of cervical spinal cord stimulation. Unfortunately, there are no other providers of cervical spinal cord modulation within the 50-mile radius. [REDACTED.] at [REDACTED] is a tertiary referral center with a significant amount of experience in this regard." ACOEM guidelines generally allow and support referral to a specialist to aid in complex issues. Given the patient's chronic neck back pain, a Referral to specialist may contribute to improved management of symptoms. Therefore, the request is medically necessary.