

Case Number:	CM15-0175292		
Date Assigned:	09/16/2015	Date of Injury:	02/25/2013
Decision Date:	10/22/2015	UR Denial Date:	09/02/2015
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: Virginia

Certification(s)/Specialty: Neurology

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 female, who sustained an industrial injury on 02-25-2013. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for cervical radiculitis, rule out cervical disc protrusion, tension headache, degeneration of lumbar intervertebral disc, lumbar annular tear, lumbar radiculopathy, right shoulder myalgia, right shoulder sprain-strain, temporomandibular joint disorder, anxiety, depression, gastritis, and constipation. Treatment and diagnostics to date has included lumbar spine MRI, electromyography-nerve conduction velocity studies, chiropractic treatment, home exercise program, home pet therapy, and medications. Medications have included Tylenol, Tramadol, Norco, Naprosyn, Terocin patch, Cyclobenzaprine, Maxalt, Zomig, Lexapro, Lunesta, and a compound cream. In a progress note dated 08-19-2015, the injured worker reported cervical spine and right shoulder pain, chronic constipation, temporomandibular joint pain, and anxiety, depression, stress, and sadness. Pain is noted as 3-4 out of 10 on the pain scale. Objective findings included limited and painful range of motion of cervical spine with tenderness to palpation, trigger points noted at right levator scapulae, right upper trapezius, and right suboccipital musculature, and weak right ankle eversion. The Utilization Review with a decision date of 09-02-2015 denied the request for evaluation with a pain management specialist and MRI without contrast of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with a pain management specialist: 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 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004), Chapter 7, pg. 127.

Decision rationale: The American College of occupational and environmental medicine recommends that the physician treating the injured worker with chronic pain may refer to another specialist if the diagnosis is uncertain or is extremely complex, or when psychosocial factors are present or when the pain or course of care may benefit from additional expertise. In the case of the injured worker, there is limited documentation of her response to conservative management tried to control her pain. There is documentation of treatment with chiropractic manipulation and there is documentation that the patient refused treatment with trigger point injections. Therefore, according to the guidelines, and a review of the evidence, a request for an evaluation with a pain management specialist is not medically necessary.

MRI without contrast cervical spine per 8/9/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: ACOEM chronic pain guidelines recommend that imaging studies of the cervical spine are necessary clinically only when equivocal objective findings on exam that identifies specific nerve compromise are sufficient evidence toward imaging in patients who do not respond to treatment or who would consider surgery an option. Such symptoms include severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction that do not respond to conservative therapy. In the case of the injured worker, there is documentation of 3/10 neck and shoulder pain with no evidence of a clinical radiculopathy on Neurologic exam. Therefore, according to the guidelines, and a review of the evidence, treatment with an MRI without contrast of the cervical spine is not medically necessary.