

Case Number:	CM15-0021514		
Date Assigned:	02/11/2015	Date of Injury:	01/22/2003
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/04/2015

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: Massachusetts, New Hampshire, New York
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63-year-old female who reported an injury on 01/22/2003. A previous request for 1 MRI of the neck without dye, referral to a clinical psychological and Opana ER had previously been modified with the MRI of the neck non-certified, based on no physiologic evidence of nerve dysfunction to warrant advanced imaging. The psychological consultation warranted, as the injured worker exhibited signs of agitation, anhedonia helplessness and suicidal ideation on examination, and modified dose of Opana, based on a lack of information describing the positive effects from the prior use of the medication. The injured worker had presented on 01/15/2015, for deteriorating neck pain, which radiated into her upper and lower extremities, with associated leg weakness, shakiness in the legs, stumbling into things, and bowel and bladder changes. She rated her pain level as 10/10 without medications, and 8/10 with. She was diagnosed with spinal stenosis in the cervical region, adjustment disorder with anxiety, chronic pain in thoracic spine, COAT, chronic cervical spondylosis with myelopathy, chronic neck pain, degenerative disc disease cervical, chronic pain syndrome, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the neck without dye: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

Decision rationale: According to the CA MTUS/ACOEM Guidelines, there must be clinical documentation of neurologic deficits identified on examination to meet the criteria for imaging studies of the cervical region. The most recent clinical documentation provided for review did not indicate that the injured worker had any form of neurologic deficits in regard to the neck region. The physical examination was brief, with no mention of any abnormalities identified in the cervical spine region to warrant an MRI at this time. A previous MRI was performed approximately 2 years prior of the cervical spine. However, a repeat examination cannot be warranted at this time. As such, the medical necessity has not been established.

1 referral to clinical psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 387-8, 397-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychological evaluations.

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), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 163.

Decision rationale: Although injured workers may be referred to specialists for various reasons, the most recent clinical documentation indicated that she has already been under the care of a Dr. [REDACTED] for her history of psychological disorders. At the time of the examination, she had been re-referred back to him in 08/2014, and had completed 5 more sessions as of 09/12/2014. The previous determination had indicated that she had already been authorized for a referral back to this physician, with no rationale for an additional referral to a clinical psychologist. As such, the medical necessity of the request has not been established.

Opana ER 20 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, without a current urine drug screen provided for review, or a current signed pain contract, or a current pill count to establish that the injured worker had been compliant with her medication regimen, ongoing use of the Opana ER cannot be warranted. The guidelines indicate that there must be sufficient evidence of

pain relief, functional improvement, and medication compliance to continue utilizing any kind of opioid. Therefore, without meeting the criteria for use of Opana ER, the requested service has been determined to be not medically necessary.