

Case Number:	CM15-0069908		
Date Assigned:	04/17/2015	Date of Injury:	09/18/2013
Decision Date:	05/20/2015	UR Denial Date:	03/15/2015
Priority:	Standard	Application Received:	04/13/2015

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, 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 42 year old female with an industrial injury dated September 18, 2013. The injured worker diagnoses include cervical musculoligamentous injury and anxiety. Treatment consisted of prescribed medications, chiropractic therapy and periodic follow up visits. In a progress note dated 2/20/2015, the injured worker reported occasional moderate achy neck pain and numbness radiating to bilateral shoulder and bilateral elbows. Objective findings revealed no change in cervical examination. Cervical compression and foraminal compression were both negative. The treating physician prescribed services for Magnetic Resonance Imaging (MRI) of the cervical spine, chiropractic treatment 2x6 cervical spine and Tramadol ER 100mg #45 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: Upheld

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

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

Decision rationale: The claimant contains of chronic neck and arm pain since an injury in 2013. A recent physical examination revealed no neurologic deficits and no evidence of neuro-compression. The ACOEM guideline indicates MRI may be appropriate if physiologic evidence indicates tissue insult or nerve impairment. The guidelines also state that MRI can introduce a significant risk of diagnostic confusion, especially in cases where abnormalities are found that are unrelated to symptoms. This claimant does not present with any red flags requiring an MRI. In addition an EMG/NCV have not been performed demonstrating evidence of physiologic nerve impairment. This request is therefore deemed not medically necessary.

CHIROPRACTIC TREATMENT 2X6 CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: The request is for two chiropractic treatments/week for 6 weeks to the cervical spine. Manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. The claimant had a previous course of chiropractic therapy following her injury and guidelines state that one to two treatments every four to six months are recommended for flare-ups in patients who have demonstrated treatment success by achieving and/or maintaining return to work. An additional 12 visits for chiropractic therapy is well in excess of the guidelines and is deemed not medically necessary.

TRAMADOL ER 100MG #45: 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): 80-93.

Decision rationale: The CA MTUS states that centrally acting synthetic opioid analgesic drugs such as Tramadol are effective in managing neuropathic pain. Tramadol is not recommended as a first-line drug. It is not clear from the records provided that the claimant has been attempted on first-line drugs, such as antidepressants and anticonvulsants to treat her chronic pain. The CA MTUS recommends documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. There is no documentation of the 4 A's in regard to Tramadol usage and no evidence of functional improvement on this medication. Ongoing treatment with Tramadol is not medically necessary.