

Case Number:	CM15-0071083		
Date Assigned:	04/21/2015	Date of Injury:	05/26/2013
Decision Date:	05/21/2015	UR Denial Date:	03/22/2015
Priority:	Standard	Application Received:	04/14/2015

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 30 year old female, who sustained an industrial injury on 5/26/2013. She reported repetitive and continuous reaching and carrying type injury to the neck and upper back with radiation down to the hands. Diagnoses include multilevel cervical disc bulges, stenosis, lumbar sprain/strain, bilateral shoulder sprain/strain, thoracic strain, and elbow tendinitis. Treatments to date include medication therapy, physical therapy, chiropractic therapy, and cortisone injections to the shoulders. Currently, she complained of sharp pain to the upper back that radiates down to bilateral upper extremities. On 2/25/15, the physical examination documented painful range of motion and suboccipital and subscapular tenderness. The plan of care included obtaining a urine toxicology evaluation and an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 93-94. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with neck and upper back pain radiating to upper extremities. The request is for URINE TOXICOLOGY. The request for authorization is dated 03/17/15. MRI of the cervical spine, 03/24/15, shows at C4-5, C5-6 and C6-7 there are 1-2mm posterior disc bulges with corresponding indentations on the subarachnoid space and mild spinal stenosis; there is narrowing of the spina foramina. Physical examination cervical spine reveals tenderness to the suboccipital and subscapular. Hypertonicity of the trapezius and paraspinal muscles. Painful range of motion. Patient has had 8-10 sessions of physical therapy, 18 sessions of chiropractic, and bilateral shoulder cortisone injections. Patient is to continue with pain management and acupuncture. Patient's medications include Naproxen and Cyclobenzaprine. Per progress report dated 04/08/15, the patient is on modified work. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Treater does not discuss the request. In this case, current list of medication prescribed to patient do not include any opiates or narcotics. Therefore, the request IS NOT medically necessary.

Single Positional MRI (magnetic resonance imaging) of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter, Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with neck and upper back pain radiating to upper extremities. The request is for SINGLE POSITIONAL MRI (MAGNETIC RESONANCE IMAGING) OF THE CERVICAL SPINE. The request for authorization is dated 03/17/15. MRI of the cervical spine, 03/24/15, shows at C4-5, C5-6 and C6-7 there are 1-2mm posterior disc bulges with corresponding indentations on the subarachnoid space and mild spinal stenosis; there is narrowing of the spina foramina. Physical examination cervical spine reveals tenderness to the suboccipital and subscapular. Hypertonicity of the trapezius and paraspinal muscles. Painful range of motion. Patient has had 8-10 sessions of physical therapy, 18 sessions of chiropractic, and bilateral shoulder cortisone injections. Patient is to continue with pain management and acupuncture. Patient's medications include Naproxen and Cyclobenzaprine. Per progress report dated 04/08/15, the patient is on modified work. 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. ODG Guidelines regarding the low Back (lumbar and thoracic) chapter, section on standing MRI, states the following: Not recommended. Standing magnetic resonance imaging (MRI) is considered experimental, investigational or unproven. It has not been demonstrated to provide any advantage over conventional (supine) MRIs. Standing MRIs (e.g., The Stand-Up MRI, FONAR, [REDACTED]) allow patients to walk in and be scanned while standing, and they allow the spine, joints and other parts of the body to be imaged in the weight bearing state." Treater does not discuss the request. In this case, it appears the treater has already provided the MRI of the cervical spine for the patient prior to authorization. Although, the patient complains of neck pain along with some tenderness in the cervical region, the purpose of the cervical MRI request is not known. The treater states patient has neck pain that radiates across and down to the arms, but no positive physical examination for any neurologic findings is documented. Additionally, there are no red flags present. And finally, there is no evidence of ODG guideline support for weight-bearing or positional MRI over conventional MRI's. Therefore, the request IS NOT medically necessary.