

Case Number:	CM15-0071488		
Date Assigned:	04/21/2015	Date of Injury:	01/26/1974
Decision Date:	06/26/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/15/2015

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: Texas, Florida, California
 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 41-year-old female who sustained an industrial injury on 3/4/15 involving her low back, neck and left upper extremity. The mechanism of injury is unclear. She currently complains of low back pain, neck pain and left upper extremity pain and numbness. She has limited range of motion in the left shoulder. Medications are gabapentin, naproxen, Ambien, cyclobenzaprine, acetaminophen. Diagnoses include cervical strain; cervical radiculopathy; lumbar strain, muscle spasms, rule out herniated nucleus pulposus; left shoulder sprain/ strain; brachial plexus injury. Treatments to date include physical therapy. Diagnostics include x-ray of the left forearm (4/8/14) within normal limits. Because the injured worker is not making significant improvement with current regimen the treating provider's plan of care in the progress note dated 3/30/15 includes request for MRI of the cervical spine to rule out cervical herniated disc; MRI of the left shoulder to rule out rotator cuff due to lack of strength and range of motion; physical medicine and rehabilitation; Toradol for acute pain control (Utilization Review dated 4/16/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine without contrast qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 177-178; 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 303, Back, regarding imaging.

Decision rationale: This claimant was injured recently in March. There are subjective symptoms of pain in various areas. There is limited range of motion in the left shoulder. No objective neurologic signs or signs of orthopedic internal derangement are noted. Still the requests for the imaging are to rule out herniated discs, and shoulder damage. Although there is subjective information presented in regarding increasing pain, there are no accompanying physical signs. The case would therefore not meet the MTUS-ACOEM criteria for cervical magnetic imaging, due to the lack of objective, unequivocal neurologic physical examination findings documenting either a new radiculopathy, or a significant change in a previously documented radiculopathy. The guide's 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The request is appropriately not medically necessary.

MRI left shoulder without contrast qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder section, under MRI.

Decision rationale: The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is appropriately not medically necessary.

Toradol Injection 60mg: 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)-TWC ODG Treatment , Integrated Treatment/ Disability Duration Guidelines Low Back- Lumbar & Thoracic (Acute & Chronic) updated 03/24/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, under Toradol injections.

Decision rationale: Toradol, or Ketorolac, can be injected IM, and may be used as an alternative to opioid therapy. It is not clear why an IM administration was needed over oral medicine. It is not clear why oral NSAID medicines or other medicine would not be used. This request was not medically necessary under the available information sources regarding Toradol.

Physical Medical and Rehabilitation referral: Upheld

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

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) Chapter 7, page 127.

Decision rationale: Technically, ACOEM Chapter 7 is not within the MTUS collection; therefore, it is more appropriately cited under the Other Guidelines categorization. ACOEM Guidelines, Chapter 7, Page 127, state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.