

Case Number:	CM15-0075053		
Date Assigned:	04/24/2015	Date of Injury:	05/11/2010
Decision Date:	05/28/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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, California
 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 57 year old male, who sustained an industrial injury on 5/11/10. He reported neck, right shoulder and low back pain. The injured worker was diagnosed as having cervical disc protrusion, lumbar dysfunction, rule out lumbar radiculitis and right shoulder sprain/strain. Treatment to date has included oral medications, physical therapy, acupuncture and home exercise program. Currently, the injured worker complains of continued pain in neck, pain radiating from lower back down to his feet with numbness and tingling and right shoulder pain. Objective findings noted decreased range of motion of cervical spine with tenderness over C5-7 and decreased range of motion of the lumbar spine with tenderness over L5-S1, also decreased range of motion of right shoulder with tenderness over AC. The treatment plan included request for pain management, continued acupuncture and continued medications as prescribed. Per the doctor's note dated 9/21/12 patient had complaints of neck pain, right shoulder pain, difficulty in falling in sleep, depression, anxiety. Physical examination revealed tenderness on palpation over right shoulder and positive orthopedic testing for nerve irritation at wrist and cervical radiculopathy and motor deficits at C5 myotome. The medication list include Terocin, Lexacin, Gericin and Somnicin. The patient has had urine analysis on 12/3/11 that was negative for opioid.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine analysis (retrospective dos: 09/21/2012): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

Decision rationale: Request: 1 Urine analysis (retrospective dos: 09/21/2012). Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The patient has had urine analysis on 12/3/11 that was negative for opioid. The medication list does not contain opioid medication. Whether patient is taking any opioid medication or not is not specified in the records provided. Any history of substance abuse was not specified in the records provided. The request for 1 Urine analysis (retrospective dos: 09/21/2012) is not medically necessary in this patient.

1 MRI of the cervical spine (positional) (retrospective dos: 9/29/2012): 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 (ODG), Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: 1 MRI of the cervical spine (positional) (retrospective dos: 9/29/2012). Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." Patient does not have any severe or progressive neurological deficits that are specified in the records provided. The findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. A report of a recent cervical spine plain radiograph was also not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Previous PT notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the cervical spine was not specified in the records provided. The request for MRI of the cervical spine (positional) (retrospective dos: 9/29/2012) is not medically necessary for this patient.

1 Cold unit (retrospective dos: 10/19/2012): 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), Shoulder (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 08/04/14) Heat/cold applications Shoulder (updated 05/04/15) Continuous-flow cryotherapy.

Decision rationale: 1 Cold unit (retrospective dos: 10/19/2012). Per the cited guidelines 'Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Rationale for not using simple hot/cold packs versus the use of this DME is not specified in the records provided. Per the cited guidelines, 'Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders.' As per cited guideline, "Continuous-flow cryotherapy: Recommended as an option after surgery, but not for nonsurgical treatment." A recent detailed clinical evaluation note of treating physician was not specified in the records. Any surgery or procedures related to this injury were not specified in the records provided. Any operative note was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for 1 Cold unit (retrospective dos: 10/19/2012) is not medically necessary in this patient.