

Case Number:	CM15-0091108		
Date Assigned:	05/15/2015	Date of Injury:	06/12/2008
Decision Date:	06/24/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/12/2015

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 61-year-old male who sustained an industrial injury on 06/12/08. Initial complaints and diagnoses are not available. Treatments to date include medications including ibuprofen, fentanyl patches, and Norco; physical therapy, chiropractic care, as well as facet and medial branch blocks. The medial branch blocks were noted to be very most effective. Diagnostic studies include x-rays and MRIs of the neck. Current complaints include neck pain. Current diagnoses include chronic pain syndrome, lumbar and neck sprain, brachial plexus disorder, degeneration of cervical and lumbar intervertebral disc, myositis, phobia, cervical spondylosis, arthropathy, shoulder joint pain, myalgia, and spinal stenosis. In a progress note dated 04/17/15 the treating provider reports the plan of care as continued medications including Norco, fentanyl patches and ibuprofen, as well as a spinal cord stimulation trial. The requested treatments are psychological and neurosurgical consultations and a MRI of the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the neck without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The MTUS/ACOEM Guidelines state that the criteria for ordering imaging studies of the neck are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strength training program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The claimant has had a previous MRI of the neck and interim changes in the neurologic exam are not noted in the medical records. The patient is not a surgical candidate and no red flags have emerged. There is no rationale provided demonstrating how a repeat MRI would affect the patient's treatment plan. Therefore the request is deemed not medically necessary or appropriate.

Clinical psychology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators, psychological evaluations Page(s): 100-101.

Decision rationale: The CA MTUS recommends spinal cord stimulators for limited indications, including failed back syndrome following surgery, complex regional pain syndrome, post-amputation pain, post-herpetic neuralgia, pain associated with multiple sclerosis and peripheral vascular disease. In this case, the patient meets none of these criteria. Thus, the request for a psychological consult for a spinal cord stimulator is not warranted and not medically necessary or appropriate.

Neurosurgery consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 106-107.

Decision rationale: The CA MTUS recommends spinal cord stimulators for limited indications, including failed back syndrome following surgery, complex regional pain syndrome, post-amputation pain, post-herpetic neuralgia, spinal cord injury, pain associated with multiple sclerosis, and peripheral vascular disease. This patient meets none of these criteria, therefore a neurosurgical consultation is not warranted and not medically necessary or appropriate.