

Case Number:	CM15-0094821		
Date Assigned:	05/20/2015	Date of Injury:	07/27/2012
Decision Date:	07/07/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/15/2015

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: Florida

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 50 year old male, who sustained an industrial injury on 7/27/12. He reported initial complaints of head, neck, back and legs. The injured worker was diagnosed as having cervical radiculopathy; left L3 radiculopathy; L5-S1 disc herniation; left sided L3-L4 extraforaminal annular tear; severe spinal cord compression at C5-C6; cervical radiculitis; lumbar spine radiculitis; traumatic brain injury with residual post concussive symptoms. Treatment to date has included status post anterior cervical discectomy C5-C6, implantation biochemical spacer C5-C6, decompression, foraminotomy/removal of extruded disc frag C5-C6, and interspinal instrumentation/fusion (2/5/13). Diagnostics included x-rays cervical and lumbar spine and right shoulder (2/24/15). Currently, the PR-2 notes dated 4/7/15 indicated the injured worker complains of abdominal pain, constipation, weight loss, dental pain, jaw pain, dry mouth, stress anxiety. He presents in mild distress with problems with memory, attention and concentration but alert and aware of his surroundings. The provider marks he has difficulty rising from sitting and has an antalgic gait. He moves about with stiffness and uses a cane for ambulation. He notes difficulty with falling asleep and remaining asleep and notes loss of energy and irritability. He is a status post anterior cervical discectomy C5-C6, implantation biochemical spacer C5-C6, decompression, foraminotomy/removal of extruded disc frag C5-C6, interspinal instrumentation/fusion on 2/5/13. X-rays were report on 2/24/15 of the cervical, lumbar spine and right shoulder as unremarkable for bone fractures and normal impression of these areas. The provider is requesting: CT scan myelogram of the cervical spine; MR Arthrogram of the right

shoulder; MRI of the lumbar spine with or without GAD; a Neurologist consult and an internal assessment consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MR Arthrogram of the right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special diagnostic studies and treatment considerations Page(s): 207.

Decision rationale: California MTUS guidelines recommends the following criteria for ordering special imaging studies in shoulder complaints: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Ray-naud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full- thickness rotator cuff tear not responding to conservative treatment). Regarding this patient's case, he has had persistent right shoulder pain since an April 12, 2013 shoulder surgery. He has failed to improve with conservative measures such as medications and extensive physical therapy. His orthopedic physician is requesting this test as the patient does have an abnormal physical exam with limited range of motion and popping and clicking noted. This request is considered medically necessary and appropriate.

1 CT scan myelogram of the cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Special studies and diagnostic treatment considerations Page(s): 177 - 178.

Decision rationale: California MTUS guidelines state regarding special studies of the Cervical spine, "Criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure." Regarding this patient's case, he has a history of prior neck surgery, and has been having symptoms of bilateral upper extremity radicular pain. Radicular pain is neurological dysfunction. An x-ray was already performed, which failed to reveal a reason for the patient's pain. The next logical step is more advanced imaging studies, in this case a CT as the pt. does have hardware in place from prior neck surgery. This request is considered medically reasonable and necessary.

1 Internal assessment consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guidelines Page(s): 2-3.

Decision rationale: The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Regarding this patient's case, an Internal medicine assessment consult has been requested. The rationale for why this consult is being requested is not obvious from the documentation. Likewise, this request is not considered medically necessary.

1 Neurologist consult: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guidelines Page(s): 2-3.

Decision rationale: The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Regarding this patient's case, there is no reason to deny the requesting physician a Neurology consult if this physician feels that this condition is outside of his/her area of expertise. This patient has had ongoing problems with headaches, and has a history of a concussion. Likewise, this request is considered medically necessary.

1 MRI of the lumbar spine with or without GAD: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines Page(s): 303-305.

Decision rationale: California MTUS guidelines 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." Regarding this patient's case, he underwent a 2013 L4- L5 microdecompression surgery. On recent physical exam with the orthopedic physician who is requesting this imaging study he was noted to have abnormal sensation in the lower extremities with signs of possible radiculopathy. These are neurological findings that need further investigation with an MRI study. This patient has also failed to improve with conservative measures that have included extensive physical therapy and medication use. This request for a Lumbar spine MRI is considered medically reasonable and necessary.