MAXIMUS Federal Services

Case Number:	CM15-0098149		
Date Assigned:	05/29/2015	Date of Injury:	07/27/2012
Decision Date:	07/09/2015	UR Denial Date:	05/03/2015
Priority:	Standard	Application Received:	05/21/2015

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:

This 50-year-old male sustained an industrial injury on 7/27/12. He subsequently reported neck, back and right shoulder pain. Diagnoses include status post right shoulder arthroscopy. Treatments to date include MRI and x-ray testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience right shoulder pain. Upon examination, palpable tenderness at the cervical spine and upper trapezius was noted. Decreased range of motion in the cervical spine was noted. Bilateral upper extremity radicular pain with numbness and tingling was noted. A request for CT scan myelogram of the cervical spine, internal assessment consult, neurologist consult and MRI of the lumbar spine with or without GAD was made by the treating physician

IMR ISSUES, DECISIONS AND RATIONALES

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

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Neck and Upper Back (Acute & Chronic), chapter, CT (computed tomography).

Decision rationale: The 50 year old patient complains of pain in the cervical spine, rated at 6/10, radiating to bilateral upper extremities; pain in the lumbar spine, rated at 7/10, radiating to bilateral lower extremities; and shoulder pain, rated at 5/10, as per progress report dated 04/07/15. The request is for CT SCAN MYELOGRAM OF THE CERVICAL SPINE. RFA for the case is dated 04/09/15 and the patient's date of injury is 07/27/12. Diagnoses, as per progress report dated 04/07/15, included bilateral upper extremity radiculopathy, bilateral lower extremity radiculopathy, and TBI with residual post-concussive symptoms. The patient is status post cervical spine ACDF, status post lumbar spine discectomy, and status post right shoulder arthroscopy. Medications included Norco, Flexeril, Gabapentin and Ambien. The patient is temporarily totally disabled, as per the same progress report.ODG Guidelines, Low Back - Neck and Upper Back (Acute & Chronic), chapter, CT (computed tomography) state that "for the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended." In this case, review of the available progress reports does not reveal prior CT scan. The request for the scan is noted in progress report dated 04/07/15. In another report dated 05/21/15 -after the UR denial date-, the treater states that the CT scan will help "eval fusion for HW loosening." In an appeal letter dated 04/28/15, the treater states that the patient is status post cervical fusion and continues to have cervical pain rated at 3-7/10 along with radicular bilateral upper extremity pain, numbness and tingling in spite of significant conservative care. Physical examination reveals tenderness to palpation and decreased range of motion, although sensation and motor strength of upper extremities were intact. X-rays, dated 02/24/15, revealed spinal fusion hardware at C5-6. Given the chronic pain and neurologic symptoms, the request IS medically necessary.

Internal assessment consult: Overturned

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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The 50 year old patient complains of pain in the cervical spine, rated at 6/10, radiating to bilateral upper extremities; pain in the lumbar spine, rated at 7/10, radiating to bilateral lower extremities; and shoulder pain, rated at 5/10, as per progress report dated 04/07/15. The request is for INTERNAL ASSESSMENT CONSULT. RFA for the case is dated 04/09/15 and the patient's date of injury is 07/27/12. Diagnoses, as per progress report dated 04/07/15, included bilateral upper extremity radiculopathy, bilateral lower extremity radiculopathy, and TBI with residual post-concussive symptoms. The patient is status post cervical spine ACDF, status post lumbar spine discectomy, and status post right shoulder arthroscopy. Medications included Norco, Flexeril, Gabapentin and Ambien. The patient is temporarily totally disabled, as per the same progress report. American College of Occupational

and Environmental Medicine (ACOEM), 2nd Edition, (2004) 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. In this case, the request for internal assessment consult is noted in progress report dated 04/07/15. The treater, however, does not explain the purpose. Nonetheless, the patient suffers from sleep issues and severe pain and may benefit from internal medicine consult. Hence, the request IS medically necessary.

Neurologist consult: Overturned

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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The 50 year old patient complains of pain in the cervical spine, rated at 6/10, radiating to bilateral upper extremities; pain in the lumbar spine, rated at 7/10, radiating to bilateral lower extremities; and shoulder pain, rated at 5/10, as per progress report dated 04/07/15. The request is for NEUROLOGIST CONSULT. RFA for the case is dated 04/09/15 and the patient's date of injury is 07/27/12. Diagnoses, as per progress report dated 04/07/15, included bilateral upper extremity radiculopathy, bilateral lower extremity radiculopathy, and TBI with residual post-concussive symptoms. The patient is status post cervical spine ACDF, status post lumbar spine discectomy, and status post right shoulder arthroscopy. Medications included Norco, Flexeril, Gabapentin and Ambien. The patient is temporarily totally disabled, as per the same progress report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 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. In this case, the request for neurologist consult is noted in progress report dated 04/07/15. The treater states that the request is because the patient suffers from speech issues and memory problems, and is status post TBI. In progress report dated 05/21/15 - after UR denial date -, the treater states the patient "already saw neurologist 1 yr ago. He will give us the report." The patient, nonetheless, seeks an appointment with the neurologist. Given the persistent symptoms, another assessment appears reasonable and IS medically necessary.

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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Lower back Lumbar & Thoracic (Acute & Chronic) chapter, Magnetic resonance

imaging (MRIs).

Decision rationale: The 50 year old patient complains of pain in the cervical spine, rated at 6/10, radiating to bilateral upper extremities; pain in the lumbar spine, rated at 7/10, radiating to bilateral lower extremities; and shoulder pain, rated at 5/10, as per progress report dated 04/07/15. The request is for MRI OF LUMBAR SPINE WITH OR WITHOUT GAD. RFA for the case is dated 04/09/15 and the patient's date of injury is 07/27/12. Diagnoses, as per progress report dated 04/07/15, included bilateral upper extremity radiculopathy, bilateral lower extremity radiculopathy, and TBI with residual post-concussive symptoms. The patient is status post cervical spine ACDF, status post lumbar spine discectomy, and status post right shoulder arthroscopy. Medications included Norco, Flexeril, Gabapentin and Ambien. The patient is temporarily totally disabled, as per the same progress report. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological 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 Lower back" Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)' do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, the progress reports do not document prior MRI of the lumbar spine. The request for MRI is first noted in progress report dated 04/07/15. The UR has modified the request "to allow for one MRI of lumbar spine and the MRI with GAD is recommended non certified." In an appeal letter, dated 04/28/15, the treater states that patient is status post lumbar surgery and continues to suffer from back pain and radiating lower extremity pain, numbness and tingling. Physical examination reveals tenderness to palpation and decreased sensation at bilateral posterior and lateral thigh to calf. Given the neurological symptoms, the request appears reasonable and IS medically necessary.