

Case Number:	CM15-0099415		
Date Assigned:	06/02/2015	Date of Injury:	01/31/2006
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female, who sustained an industrial injury on January 31, 2006. The injured worker was diagnosed as having chronic neck pain, chronic cervical radiculitis, status post anterior cervical discectomy and fusion at C6-C7 in 2007, right lateral epicondylitis, right carpal tunnel syndrome, adjustment disorder with depressed mood in sustained remission, and drug induced constipation. Treatment to date has included x-rays, electrodiagnostic studies, MRI, cervical fusion, and medication. Currently, the injured worker complains of continuous neck pain with episodic flare-ups that occur once or twice a month associated with pain radiating from the base of the neck in the midline at the cervicothoracic junction down the medial aspect of the left upper limb to the wrist, numbness, pain, and swelling in the right index, middle, and ring fingers and right hand weakness. The Primary Treating Physician's report dated April 13, 2015, noted the injured worker reported her pain intensity at 7/10, estimating her pain medication provides 30% relief from her pain. The injured worker was noted to be working full time, missing work occasionally due to flare-ups of her neck pain. Physical examination was noted to have no abnormal findings. The treatment plan was noted to include requests for authorization for a comprehensive metabolic panel and a cervical MRI with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: CMP: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 54.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury of 01/31/06. She continues to be treated for neck pain with upper extremity radiating symptoms. When seen, pain was rated at 7/10. An MRI of the cervical spine in June 2009 had shown findings of the claimant's cervical spine surgery with varying degrees of moderate to severe foraminal narrowing. Medications were providing 30% pain relief. There were no abnormal physical examination findings documented other than a weight of 201 pounds. Lab test results from May and June 2014 were reviewed. Hydrocodone/acetaminophen was prescribed. Periodic lab monitoring of a CBC and chemistry profile can be recommended for patients taking non-steroidal anti-inflammatory medication (NSAID) on a long term basis. In this case, the claimant is not taking an NSAID. There are no clinical findings that would suggest any adverse effect from the other medications being prescribed or clinical findings that would suggest the need for other lab testing. Therefore, the request is not medically necessary.

Cervical MRI with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury of 01/31/06. She continues to be treated for neck pain with upper extremity radiating symptoms. When seen, pain was rated at 7/10. An MRI of the cervical spine in June 2009 had shown findings of the claimant's cervical spine surgery with varying degrees of moderate to severe foraminal narrowing. Medications were providing 30% pain relief. There were no abnormal physical examination findings documented other than a weight of 201 pounds. Lab test results from May and June 2014 were reviewed. Hydrocodone/acetaminophen was prescribed. Guidelines recommend against a repeat MRI which should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the claimant has already had a cervical spine MRI. There is no new injury or significant change in her condition and no identified red flags that would indicate the need for a repeat scan. Therefore, this request is not medically necessary.

