

Case Number:	CM14-0103929		
Date Assigned:	07/30/2014	Date of Injury:	11/04/1997
Decision Date:	09/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 70-year-old female who has submitted a claim for cervicobrachial syndrome associated with an industrial injury date of November 4, 1997. Medical records from 2013 to 2014 were reviewed. The patient complained of neck and left arm pain. Physical examination showed straightened cervical lordosis; kyphosis of the neck; spasm and tenderness over the cervical paraspinal muscles and trapezius areas; decreased muscle tone more on the left, and slightly increased in the legs; proximal weakness in the girdles at 4/5; arm circumferences of 30cm in the right and 32.5cm in the left, and 10cm below the lateral epicondyles; and trace reflex at the left biceps and triceps. Neurologic examination showed torticollis with head turning to the right. The diagnoses included cervical radiculopathy with chronic pain and left arm dystonia; drug seeking behaviors; and BPD II secondary to industrial psyche injury. Treatment to date has included Oxycontin, CBZ, Wellbutrin, lithium, and risperidone. Utilization review from June 10, 2014 denied the request for cervical spine MRI because there was no documentation of any significant change in neurologic function. There was also no indication that any recent plain radiograph studies have been accomplished. The request for pain management consultation was also denied because the patient appears to be already under treatment for chronic pain conditions. And lastly, the request for Botox 100 units was denied as well because diagnosis of cervical dystonia was not confirmed by physical examination. There was also no documentation that other lower levels of care have been recently tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: Pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS states that imaging of the cervical spine is indicated for the following: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; and unequivocal findings that identify specific nerve compromise on the neurologic examination. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. In this case, patient was assessed to have cervical radiculopathy with chronic pain. However, most recent physical examination findings were unable to support the diagnoses and have failed to identify any significant nerve compromise. Moreover, medical records do not reflect emergence of red flag. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Cervical spine MRI is not medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a 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. In this case, patient was cervical radiculopathy with chronic pain and left arm dystonia; drug seeking behaviors; and BPD II secondary to industrial psyche injury. Patient may benefit from additional consult with a specialist due to presence of psychosocial issues. However given the chronicity of the patient's injury and long-term use of opioid medications, it is unlikely that the patient was not previously seen by a pain management specialist. The medical necessity cannot be established at this time due to insufficient information from prior treatment and consultations. Therefore, the request for Pain management consultation is not medically necessary.