

<b>Case Number:</b>	CM13-0017264		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Orthopedic Surgery and is licensed to practice in California. 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 39-year-old male with diagnoses of cervical radiculitis, lumbago, head injury on the left, displacement of cervical intervertebral disc without myelopathy, depressive disorder, NOS. The patient was seen on 07/25/2013 with complaints of pain in the head, neck, and upper back with radiation to the left arm. Also, the patient complains of pain in the lower back with radiation to the left leg and left foot. Pain is associated with tingling, numbness, weakness in left arm and left leg. Pain is constant and frequent. The patient rated pain 10/10, best pain is 5/10. On examination, cervical spine reveals range of motion flexion 60 degrees, extension 25 degrees, and rotation 20 degrees to the right and left, and side bending 30 degrees bilaterally. There was tenderness to palpation over the bilateral superior trapezial, bilateral shoulders revealed normal examination. Strength is 5/5 bilaterally in the upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE MRI OF THE BRAIN BETWEEN 7/25/13 AND 9/28/13: 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HEAD, MRI (MAGNETIC RESONANCE IMAGING)

**Decision rationale:** Official Disability Guidelines state for MRI: indications would be determine neurological deficits not explained by CT, evaluate prolonged interval of disturbed consciousness, and define evidence of acute changes superimposed on previous trauma or disease. On exam, there was no neurological deficits noted and there was no official report of a CT in the documentation for review. The documentation provided does not meet medical necessity; therefore, the request is non-certified.

**ONE SPINAL SURGERY CONSULTATION BETWEEN 7/25/13 AND 9/28/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 196.

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

**Decision rationale:** The patient is a 39-year-old female with diagnoses of cervical radiculitis, lumbago, head injury on the left, displacement of cervical interval disc without myelopathy, depressive disorder, nos. California MTUS/ACOEM Guidelines for surgical consideration, neck and upper complaints, state referral for surgical consult is indicated for patients who have persistent, severe, and disabling shoulder and arm symptoms. Activity limitations for more than 1 month are worth extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion has been shown to benefit from surgical repair on both the short and long-term and unresolved radicular symptoms after receiving conservative treatment. Objective findings from the office visit along with no official report of imaging would not support the medical necessity for this surgical consultation at this time. Therefore, the request is non-certified.

**DICLOFENAC XR 100MG, #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

**Decision rationale:** The Expert Reviewer's decision rationale: The patient is a 39-year-old female diagnosed with cervical radiculitis, lumbago, head injury on the left, displacement of cervical interval disc without myelopathy, depressive disorder, nos. On exam of 07/25/2013, it was noted the patient's pain level is anywhere between 5/10 - 9/10. The patient is able to walk several blocks before having to stop due to the pain. According to the California MTUS Chronic Pain Guidelines, anti-inflammatories are traditional first line of treatment, to reduce pain so activity and functional restoration can resume. A comprehensive review of the clinical trials on efficacy and safety of drugs for the treatment of low back pain for the treatment of low back pain

concludes that available evidence supports the effectiveness of nonsteroidal anti-inflammatory drugs. The reviewer does note from the documentation provided that the patient is functional to some degree in that the patient is able to walk several blocks at a time before they have to stop due to the pain and also with the medication prescribed by the physician the pain level is alleviated at times, almost in half, from 9/10 to 5/10. Therefore, the request is appropriate and the request is certified.