

<b>Case Number:</b>	CM13-0021456		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 69 year-old male who sustained an injury to his neck on 10/14/11. The mechanism of injury was not documented. An EMG study of the bilateral upper extremities dated 12/09/11 revealed abnormally prolonged peak latency of sensory nerve action potential of bilateral median sensory nerves, right greater than left. There was a normal study of compound motor action nerves. A clinical note dated 09/17/13 reported that the patient continues to experience upper/lower back pain radiating into his left leg that is worsening, associated with numbness/tingling/weakness in the left lower extremity. The injured worker also complained of ongoing bilateral hand pain associated with numbness/tingling /weakness due to carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT MRI L/S SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 5.

**Decision rationale:** The request for repeat MRI of the lumbar spine is not medically necessary. Repeat MRI imaging in the absence of significant new radicular or myelopathy symptoms and/or signs is not recommended. An exception would be agreement on the part of the patient and

surgeon that surgery will be performed, and the previous MRI is over 6 months old. Given the clinical documentation submitted for review, medical necessity of the request for repeat MRI of the lumbar spine has not been established.

**PHYSICAL THERAPY SESSIONS, #12: 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 OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK CHAPTER, PHYSICAL THERAPY (PT).

**Decision rationale:** The request for physical therapy visits x 12 is not medically necessary. The patient is over two years post-date of injury. There were no physical therapy notes provided that would indicate the amount of physical therapy visits the patient has completed to date and/or the patient's response to any previous conservative treatment. Given the clinical documentation submitted for review, medical necessity of the request for physical therapy visits x 12 has not been established.

**OCCIPITAL NERVE BLOCK, x2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occipital Nerve Block.

**Decision rationale:** The request for occipital nerve block x 2 is not medically necessary. This procedure is under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. Given the clinical documentation submitted for review, medical necessity of the request for occipital nerve block x 2 has not been established.

**SENNA: Upheld**

**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 (ODG) OFFICIAL DISABILITY GUIDELINES (ODG) PAIN (CHRONIC), OPIOID-INDUCED CONSTIPATION TREATMENT.

**Decision rationale:** The request for Senna is not medically necessary. As noted in the Official Disability Guidelines - Online version prophylactic treatment of opioid-induced constipation is recommended; however, there is no indication that the previous trial of Senna was successful. Additionally, there is no documentation that patient has trailed the over-the-counter version of stool softener without success. As such, the request for Senna cannot be recommended as medically necessary at this time.