

<b>Case Number:</b>	CM13-0060891		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/11/2009
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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 claimant is a 52 year old injured worker who sustained injury when hit by a police car on 03/11/2009. Diagnoses include neck pain, low back pain, insomnia, and depression. The patient continues to complain of neck and low back pain, The neck pain can radiate up to the back of her head and her back pain can radiate to the right leg. On exam there is cervical, thoracic and lumbar spine myofascial tenderness to palpation. She is treated with medications and a TENS unit. The treating provider has requested an MRI of the brain and cervical spine, and Neurontin #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for the brain:** 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) Evaluation of the Head

**Decision rationale:** According to the Official Disability Guidelines (ODG), MRI of the brain is recommended to define evidence of acute changes superimposed on previous trauma or disease.

There is no specific indication for an MRI of the brain. The claimant had an MRI in 2012. There is no documentation of any deterioration in her symptoms or any new focal abnormalities on neurologic exam. The patient's injury occurred in 2009. Additionally, there is no documentation of any significant change in the patient's exam. Medical necessity for the requested item has not been established. The request for a MRI of the brain is not medically necessary and appropriate.

**MRI for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 304.

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgical intervention. Cervical MRI imaging is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic or infectious pathology can be visualized. In this case, there is no history of increasing cervical radiculopathy or physical exam evidence of any neurologic abnormalities which have progressed since the initial injury. There is no indication that surgery is being considered. Medical necessity for the requested cervical MRI has not been established. The request for an MRI of the cervical spine is not medically necessary and appropriate.

**Neurontin quantity 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, antiepilepsy medications are a first line treatment for neuropathic pain. A recommended trial period for an adequate trial of gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. Based on the medical records provided for review the patient has been prescribed the medication and the medical record does not document a positive response. Additionally there is no indication the claimant has neuropathic pain. The request for Neurontin, quantity 1.00 is not medically necessary and appropriate.