

<b>Case Number:</b>	CM13-0067158		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/30/2008
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Occupational Medicine, 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:

According to the records made available for review, this is a 57-year-old male with a 4/30/08 date of injury. At the time of request for authorization for cervical MRI qty 1 and Nortriptyline 40 mg qty 1600, there is documentation of subjective (shooting and pinching pain in the left upper neck to the top of the head, left shoulder and left lateral arm; denies any associated LUE numbness or tingling) and objective (C/S restricted and painful ROM, pain radiation to the left upper neck to the top of the left head with left cervical lateral bending and rotation, very tender left C2-3 paravertebral muscles, lateral masses, less tenderness in the left suboccipital muscles at the left C2-3, decreased light touch in the right small finger, extremity strength decreased right finger and right shoulder, DTRs 2+ and symmetric, decreased left neck pain with cervical distraction) findings, current diagnoses (spinal stenosis of cervical spine, cervical spondylosis, radiculitis/radiculopathy), and treatment to date (cervical traction, TENS, HEP, and medications). 2/13/13 medical report reported C/S x-ray findings include mild anterolisthesis of C4 relative to C5 on flexion, mild narrowing of the C5-6 disc space, moderate spondylosis present, marked degenerative changes of the facet joints, particularly on the left, hypertrophy of the uncovertebral joints. 11/6/13 medical report identifies a request for cervical MRI to r/o left C2-5 nerve compression. Regarding the requested cervical MRI qty 1, there is no documentation of objective findings consistent with C2-5 nerve compression. Regarding the requested Nortriptyline 40 mg qty 1600, there is no documentation of a rationale for the requested qty 1600.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORTRIPTYLINE 40MG, #1600:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of spinal stenosis of cervical spine, cervical spondylosis, radiculitis/radiculopathy and chronic pain. However, there is no documentation of a rationale for the requested qty 1600. Therefore, based on guidelines and a review of the evidence, the request for Nortriptyline 40 mg qty 1600 is not medically necessary.

**MRI OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, pg 182..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic Resonance Imaging (MRI)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of an MRI. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a cervical MRI is indicated [such as: Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; Neck pain with radiculopathy if severe or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic neck pain, radiographs show bone or disc margin destruction; Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury, radiographs and/or CT "normal"; Known cervical spine trauma: equivocal or positive plain films with neurological deficit], as criteria necessary to support the medical necessity of MRI of the cervical spine. Within the medical information available for review, there is documentation of spinal stenosis of cervical spine, cervical spondylosis, radiculitis/radiculopathy and a request for cervical MRI to r/o left C2-5 nerve compression. However, there is no documentation of objective findings consistent with C2-5 nerve

compression. Therefore, based on guidelines and a review of the evidence, the request for cervical MRI qty 1 is not medically necessary.