

Case Number:	CM14-0116967		
Date Assigned:	08/04/2014	Date of Injury:	11/15/2000
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 65-year-old male who reported an injury on 11/15/2000 due to a cumulative lifting injury. On 06/02/2014, the injured worker presented with intermittent mild to moderate pain associated with numbness and aching. Upon examination, the injured worker was provided a marijuana certificate for use for pain management, which allowed him to decrease the need for Norco. The examination was unchanged from the last office visit. The diagnoses were status post C5-6, C6-7 discectomy and neural foraminal decompression, status post right shoulder scope 10/03, right shoulder parascapular signs and symptoms, grade 1 to 2 anterolisthesis C4 on C5, chronic, and right C5-6 radiculopathy. Much of this note is handwritten and highly illegible. The provider recommended a magnetic resonance imaging (MRI) of the cervical spine and Norco. The provider's rationale was not provided. The request for authorization form was dated 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine with Gadolinium (GAD): 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for a magnetic resonance imaging (MRI) of the cervical spine with Gadolinium (GAD) is not medically necessary. The California MTUS/ACOEM Guidelines state that for most injured workers presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly, provided any red flag conditions are ruled out. The criteria for ordering imaging studies include an emergence of a red flag, physiological evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of an anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurological findings upon physical examination, electrodiagnostic studies, or laboratory tests. Unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. There is a lack of objective physical examination findings of deficits related to the cervical spine. Additionally, there is a lack of information on if the injured worker had failed a 4-week period of conservative treatment. The efficacy of the prior treatment measures was not provided. As such, the request is not medically necessary.

Norco 7.5/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for use) Page(s): 78..

Decision rationale: The request for Norco 7.5/325 mg with a quantity of 120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider stated that the use of medicinal marijuana allows the injured worker to decrease his need for Norco. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.