

<b>Case Number:</b>	CM14-0128798		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	12/16/1999
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of December 16, 1999. A utilization review determination dated August 8, 2014 recommends non-certification of an MRI of the cervical spine and of a homecare provider for 12 hours per day. A progress note dated July 8, 2014 identifies subjective complaints of a request to go back to lorazepam because clonazepam is not as strong and he wants to take the medication three times a day. The patient reports that he is not sleeping, he states he is "hemorrhaging" from lack of sleep, he takes Ambien 10 mg 1 to 2 tablets with either lorazepam or clonazepam, he is requesting to be on lorazepam and Valium at the same time because he feels it helps him sleep, and the patient reports that he uses lorazepam for anxiety and Valium for spasms. The patient is requesting an MRI of the neck because of horrible daily headaches along the left occiput and temporalis. The patient reports that his wife does everything around the house for him and she tends to his needs 24/7. The patient is asking to resume use of Percocet because he feels Nucynta does not help reduce his pain. The patient states that he is able to toilet but unable to shower or groom himself. He states his wife does all the cooking and cleaning because he is unable to perform anything around the house. The patient also states that he has issues with his memory as well as physical pain, and loss of strength and endurance. The patient states he walks one block every morning and that Celebrex helped with his pain. Current medications include Ambien 10 mg one at bedtime, clonazepam 0.5 mg b.i.d., and Nucynta 50 mg Q ID. Physical examination identifies restricted cervical range of motion in all planes secondary to weakness, there is bilateral paravertebral muscle tenderness and spasm, there is tenderness of the cervical facets at C2, C3, C4, C5, C6, biceps and brachioradialis reflex is 0/4 bilaterally, upper extremity strength is a 4 bilaterally, and there is atrophying in bilateral trapezius. Diagnoses included lumbar disc disorder, lumbar degenerative disc disease, low back pain, cervical facet syndrome, cervical disc disorder, and cervical radiculopathy. The treatment

plan recommends a home care provider for 12 hours a day, a prescription for Celebrex 200 mg #30, prescription for clonazepam 1 mg #90, prescription for Percocet 10/325#120, prescription for Ambien 10 mg #15, the patient is to discontinue clonazepam 0.5 mg and Nucynta 50 mg, and an authorization request for an MRI of the cervical spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 172. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES - TWC.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Neck Chapter, MRI.

**Decision rationale:** Regarding the request for MRI of the cervical spine, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally, there is no documentation of neurologic deficit, no indication of any new significant subjective or objective findings since the last MRI, or failure of conservative treatment for at least 3 months. In the absence of such documentation, the requested MRI of the cervical spine is not medically necessary, per ODG.

#### **Home Care provider, 12 hours per day: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51 of 127.

**Decision rationale:** Regarding the request for home care provider for 12 hours per day, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the documentation available for review, there is no documentation that the patient is homebound, and there is no indication of what in-home medical treatment is needed. In the absence of such documentation, the currently requested home care provider for 12 hours per day is not medically necessary.

