

Case Number:	CM14-0043030		
Date Assigned:	08/08/2014	Date of Injury:	07/15/2011
Decision Date:	09/11/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/09/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated March 6, 2014, the claims administrator denied a request for ibuprofen, partially certified request for Vicodin, denied a lumbar MRI, denied a cervical MRI, denied cervical plain films, and denied lumbar plain films. Despite the fact that the MTUS addresses the topics at hand, the claims administrator cited non-MTUS ODG Guidelines to deny the request for ibuprofen and also cited non-MTUS 2007 ACOEM Guidelines to deny lumbar MRI in conjunction with non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. Cervical MRI imaging of December 18, 2013 was notable for minimal spondylolysis at C5-C6 and C6-C7 with no evidence of foraminal or central canal stenosis and no evidence of neurologic impingement. This was described as a stable evaluation since a prior study. A December 18, 2013 lumbar MRI is notable for multilevel degenerative changes with a focal disk protrusion at L5-S1 which did about the descending S1 nerve root and a focal annular tear and disk protrusion at L4-L5, also abutting the nerve root. In a January 27, 2014 medical-legal evaluation, the applicant was described as off of work and not working owing to cumulative trauma complaints of neck and back pain. In a July 10, 2014 progress note, the applicant reported persistent complaints of neck and low back pain with radiation of pain to the lower extremities. The applicant attributed his symptoms to cumulative trauma from repetitive operation of motor vehicle at work. The applicant was on Vicodin. The applicant had been deemed disabled, it was stated. 5/5 bilateral lower extremity strength was noted with a normal gait. No upper extremity

atrophy was noted. Some hyposensorium was noted about the plantar aspects of both feet. Epidural steroid injection therapy was endorsed. The applicant was placed off of work, on total temporary disability. In a May 8, 2014 progress note, the applicant reported persistent complaints of neck and low back pain. X-rays of the neck and lumbar spine were sought while the applicant was placed off of work, on total temporary disability. The applicant was asked to pursue epidural steroid injection therapy. Norco and Motrin were endorsed. In a report dated April 10, 2014, the applicant's primary treating provider wrote that the applicant had X-rays of cervical and lumbar spines demonstrating some low-grade disk desiccation at unspecified levels. On February 21, 2014, the applicant was given prescriptions for Norco and Motrin for pain relief. Physical therapy was endorsed. The applicant was placed off of work, on total temporary disability. On March 21, 2014, the applicant was placed off of work, on total temporary disability. The attending provider appealed the denials of Norco and Motrin, which the attending provider posited were generally slight improvement and relieving the applicant's pain. The attending provider did not elaborate on what activities of daily living had been ameliorated with these medications, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Comfort pack with Ibuprofen 800mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 22, Anti-inflammatory Medications topic.2. MTUS page 7.3. MTUS 9792.20f. Page(s): 7, 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not clearly elaborated or expounded upon how (or if) ibuprofen has been beneficial here. While the attending provider has stated that the applicant is deriving analgesia from the medications in question, this has not been quantified. Furthermore, the attending provider has not elaborated on what (if any) functions have been ameliorated with ongoing medication usage. Finally, the fact that the applicant remains off of work, on total temporary disability, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of ibuprofen. Therefore, the request is not medically necessary.

Vicodin 4/500mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. While the attending provider has suggested that the applicant's pain complaints have been reduced with ongoing medication usage, this has not been quantified. The attending provider has not, furthermore, elaborated upon what (if any) functions have been ameliorated as a result of ongoing opioid usage. Therefore, the request is not medically necessary.

Magnetic Resonance Imaging of Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI or CT imaging is "recommended" to help validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, there is no evidence that the applicant is actively considering or contemplating a surgical remedy insofar as the cervical spine is concerned. The applicant apparently is pursuing a cervical and/or lumbar epidural steroid injection therapy, regardless of the outcome of the MRI in question, it is further noted. The applicant's history and physical presentation, including allegations of cumulative trauma, do not suggest any focal or neurologic compromise associated with the cervical spine and/or upper extremities. The applicant, on several occasions referenced above, was described as having a well-preserved upper and lower extremity motor function. It is further noted that the applicant had earlier cervical MRI imaging of December 18, 2013, which was essentially negative and, furthermore, which the applicant's current treating provider does not appear to have access to. Therefore, the request is not medically necessary.

Magnetic Resonance Imaging of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-

flag diagnoses are being evaluated. In this case, however, the applicant is not actively considering or contemplating any kind of surgical remedy insofar as the lumbar spine is concerned, it has been suggested. There was no clearly voiced suspicion of any red-flag diagnosis such as fracture, tumor, cauda equina syndrome, etc., which would compel repeat lumbar MRI imaging so soon removed from the date of the earlier study of December 18, 2013. Therefore, the request is not medically necessary.

1 X-Ray of Cervical AP lateral: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, routine usage of plain film radiography if red flags are absent is "not recommended." In this case, there was no clearly voiced suspicion of any red flags such as fracture, tumor, etc., which plain film radiography could serve to uncover. No rationale for pursuit of the plain film cervical spine x-rays was proffered by the attending provider. Rather, it appeared that the attending provider was, in fact, performing routine X-rays of the implicated body parts, despite the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.

1 X-Ray of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, routine usage of plain film radiographs of the lumbar spine are "not recommended" in the absence of red flags. In this case, there was no clearly voiced suspicion of fracture, tumor, or other red-flag diagnoses which lumbar plain films could serve to uncover. Rather, it appeared that the attending provider was, in fact, pursuing routine radiography of the implicated body parts without any intention of acting on the same. This is not recommended by ACOEM. Therefore, the request is not medically necessary.