

<b>Case Number:</b>	CM14-0199703		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 56 year-old male who was injured on 2/4/06 when he stepped over debris and unexpectedly stepped off a curb onto the road and felt a sharp pain in his low back. He complained of neck pain, headaches, low back pain radiating to bilateral lower extremities, and lower back spasms. He had a history of neck and upper back pain with headaches starting in 1990s. On exam, he has spasm of bilateral trapezius muscles and cervical paraspinal muscles, limited range of motion of cervical spine, unchanged motor exam. He had tender lumbar spine with decreased range of motion, decreased sensitivity to touch along right L3-5 dermatome, and decreased strength of extensor muscles along L3-5 dermatome in the right lower extremity. He positive straight leg bilaterally. A 2008 MRI of lumbar spine showed multilevel minimal to mild degenerative changes of the disc spaces throughout the lumbar spine. A 2008 cervical MRI showed multilevel mild to moderate degenerative disc disease worse at C5-6, multilevel posterior disc protrusions, moderate central canal stenosis, and multilevel neural foraminal stenosis. MRI of the thoracic spine showed multilevel mild degenerative disc disease of thoracic spine, disc protrusions at T6-7 and T8-9. He was diagnosed with cervical radiculopathy, cervical spinal stenosis, lumbar disc degeneration, and lumbar radiculopathy. He had physical therapy and was instructed to maintain a home exercise program. His medications include opioids, soma, Lidoderm patch, and Lyrica. His pain is rated as 3-6/10 on medications and 5-9/10 without medications. He had a cervical epidural steroid injection of bilateral C4-6 on 6/24/14 with 50-80% improvement in symptoms. He had functional improvement in driving, movement, walking, improved mobility, improved sleep, and mood. He had a lumbar epidural injection in on 3/12/14 but pain has now recurred. Transforaminal epidural steroid injection was denied because a current lumbar MRI was needed. The current request is for MRI cervical and lumbar spine and Maxalt.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI Cervical Spine without Contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter

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

**Decision rationale:** The request for a cervical spine MRI is medically unnecessary. According to MTUS guidelines, the criteria for ordering a cervical MRI include development of red flags, physiologic evidence of tissue insult or neurologic dysfunction, which the patient does not have according to records. Patient does not have any documented upper extremity neurological deficits requiring the use of an MRI. According to a 11/2014 note, the patient had a cervical epidural steroid injection in 6/2014 with continued improved pain and function. Physical exam of upper extremity did not show any change in motor and sensory. There was no rationale as to why a repeat cervical MRI was needed when the patient had improvement. Therefore, the request is considered not medically necessary.

### **Maxalt 10mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Head (trauma, headaches, etc., not including stress & mental disorders) (updated 08/11/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans

**Decision rationale:** The request for Maxalt is not medically necessary. ODG guidelines were used because MTUS does not address this. Maxalt is FDA approved for the treatment of migraines. The patient has a history of headaches as per the chart, but there were a few references to migraines. However, the patient did not have the specific diagnosis of migraines. There was no description of his migraine headaches, and his response to maxalt or other triptans. Therefore, the request is considered not medically necessary.

### **MRI Lumbar Spine without contrast:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter Repeat Imaging

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI

**Decision rationale:** The request for a repeat MRI is medically necessary. The MTUS does not address repeat MRIs. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. The patient had decreased sensitivity to touch along right L3-5 dermatome, and decreased strength of extensor muscles along L3-5 dermatome in the right lower extremity. He positive straight leg bilaterally. He had increasing pain after initial relief from a lumbar steroid injection. The recurrent pain and neurological findings on exam warrant a repeat MRI. The request for a repeat lumbar MRI is considered medically necessary.