

Case Number:	CM14-0206443		
Date Assigned:	12/18/2014	Date of Injury:	04/05/2006
Decision Date:	02/11/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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 Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 49 year old female with a work injury dated 4/5/06. The diagnoses include cervical disc displacement, cervical spondylosis, and lumbar spinal stenosis. Under consideration are requests for MRI of the cervical spine; Fiorinal, thirty count. There is a handwritten, difficult to read progress note dated 10/23/14 that states that the patient complains of continued pain. The physical exam stated that there was limited neck and lumbar range of motion. The right shoulder exam revealed a positive impingement sign. The patient was off of work. The treatment plan included Fiorinal and a cervical MRI. The documentation indicates that the patient has had 3 cervical MRIs taken on May 26, 2006, June 6, 2009, and : 7/18/11. The most recent MRI significant findings include: 1. C3-4: A 2 mm disc protrusion that abuts the thecal sac. At C5-6: A 2-3 mm disc protrusion that abuts the thecal sac. There is right greater than left neural foraminal narrowing. Right greater than left facet and uncinete arthropathy is noted. 3. C6-7: A 1-2 mm right foraminal disc protrusion. Combined with right facet and uncinete arthropathy, there is right neural foraminal narrowing. 4. No other significant abnormalities are noted.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck- Magnetic resonance imaging (MRI).

Decision rationale: MRI of the cervical spine is not medically necessary per the MTUS guidelines and the ODG. The MTUS ACOEM states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation does not indicate evidence of red flag findings or progressive neurological deficits. It is unclear from the documentation how an updated cervical MRI will change the patient's medical management. For all of these reasons the request for an MRI of the cervical spine is not medically necessary.

Fiorinal, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: Fiorinal, thirty count is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Fiorinal is a barbiturate-containing analgesic agents (BCAs) which the MTUS states are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The documentation does not indicate extenuating circumstances to go against guideline recommendations. There was a prior 2/28/14 recommendation to begin weaning this medication. The recent documentation does not discuss headaches. Additionally, the patient has a past history of headaches and this medication can cause rebound headaches. The request for Fiorinal is not medically necessary.