

<b>Case Number:</b>	CM14-0212235		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	04/27/2004
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 mid and low back pain reportedly associated with an industrial injury of April 27, 2004. In a Utilization Review Report dated December 12, 2014, the claims administrator failed to approve requests for a collapsible wheelchair and an MRI of the cervical spine. The claims administrator referenced a progress note dated November 26, 2014 in its determination. The claims administrator stated that the applicant was status post earlier cervical and lumbar spine surgery. The applicant's attorney subsequently appealed. In a psychological medical-legal evaluation dated December 1, 2014, the applicant was given a primary diagnosis of major depressive disorder (MDD) with associated Global Assessment of Function (GAF) of 55. The applicant was status post gastric bypass surgery, it was incidentally noted. The applicant was on Cymbalta and Klonopin. The applicant had superimposed issues with diabetes, it was incidentally noted. In a June 4, 2014 Agreed Medical Evaluation, the applicant reported ongoing complaints of neck and low back pain. The applicant was apparently using a walker to move around but acknowledged that she was able to do without the walker when in her home. The applicant was able to shower and perform activities of self-care and personal hygiene, it was noted. Permanent work restrictions were imposed status post earlier cervical and lumbar spine surgeries. The applicant was described as a qualified injured worker, implying that the applicant was not working. On November 26, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral legs. The applicant exhibited a limp even when using a walker. The applicant stood 5 feet 6 inches and weighed 200 pounds. On this occasion, the

attending provider stated that the applicant was employing a walker on a full-time basis and had difficulty performing any weight bearing activities. The applicant was using Zanaflex, Cymbalta, Klonopin, and Norco on a daily basis, it was acknowledged. A well-healed surgical incision line was noted about the cervical spine with tenderness noted about the cervical paraspinal musculature. Authorization was sought for a collapsible wheelchair with footrest on the grounds that the applicant had difficulty moving with her walker. Permanent work restrictions were renewed. The attending provider stated that he was seeking cervical MRI imaging to determine whether to extend the previous fusion to the C7-T1 level.

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

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

#### **Collapsible wheelchair with foot rests and removable arms: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Knee & Leg, Wheelchair.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices topic Page(s): 99.

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently resolved with the usage of a cane, walker, and/or manual wheelchair. Here, the applicant apparently has significant functional mobility deficits. Both the applicant's treating provider and medical-legal evaluator have suggested that the applicant uses a walker quite frequently. The applicant had difficulty with weight bearing activities evident on the November 26, 2014 office visit on which the walker was endorsed. An earlier Agreed Medical Evaluation dated June 24, 2014 also commented upon the applicant's gait derangement requiring usage of a walker. The treating provider stated that the applicant's gait derangement had progressively worsened. Provision of a wheelchair, thus, may be beneficial, given the applicant's reportedly worsened gait derangement. Therefore, the request was medically necessary.

#### **MRI of the Cervical Spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**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 validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the applicant has ongoing complaints of neck pain status post earlier failed cervical fusion surgery. The attending provider indicated on the November 26, 2014 progress

note that he believed the applicant's gait derangement was a function of worsening cervical radiculopathy versus cervical myelopathy. The attending provider, a spine surgeon, signaled his intent to act on the results of the study in question by extending the applicant's fusion by one level were the results of the MRI in question significantly positive. Therefore, the request was medically necessary.

**Norco 10/325mg #200 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Weaning of Medications Page(s): 78 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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/or reduced pain achieved as a result of the same. Here, however, the applicant did not appear to be working with previously imposed permanent limitations in place as of a June 4, 2014 Medical-legal Evaluation. On November 20, 2014, the applicant was having difficulty performing activities of daily living as basic as walking. The applicant was using a walker to move about. The attending provider failed, in short, to establish any meaningful or material improvements in function affected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.