

<b>Case Number:</b>	CM14-0072642		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old male, who sustained an industrial injury on 4/29/10. He reported back pain and neck pain. The injured worker was diagnosed as cervical pain and lumbar pain. Treatment to date has included a rehabilitation program and medications. A physician's report dated 11/13/13 noted the injured worker was taking Percocet. At that time, pain was rated as 8/10. Currently, the injured worker complains of neck pain that radiates to the shoulder and upper arms and low back pain that radiates to the hips and legs. Numbness and intermittent weakness was noted. Decreased cognitive function and memory loss was also noted. The treating physician requested authorization for Percocet 7.5/325mg, MRI of the cervical spine, MRI of the lumbar spine, and 1 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 7.5/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for non-Back Pain Page(s): 78.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

**MRI of the Cervical Spine:** Upheld

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

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

**Decision rationale:** MTUS/ACOEM recommends MRI CSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. This guideline particularly recommends MRI CSPINE to validate the diagnosis of nerve root compromise based on clear history and physical exam findings in preparation for an invasive procedure. The records do not document such red flag findings at this time. The rationale/indication for the requested cervical MRI are not apparent. This request is not medically necessary.

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

**Decision rationale:** MTUS/ACOEM recommends MRI LSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. The records do not document such red flag findings at this time. The rationale/indication for the requested lumbar MRI are not apparent. This request is not medically necessary.

**1 Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.