MAXIMUS Federal Services

Case Number:	CM15-0000571		
Date Assigned:	01/12/2015	Date of Injury:	07/11/2013
Decision Date:	03/13/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/02/2015

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: 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 40 year old male, who sustained an industrial injury on 7/11/13. He reported pain in the neck that radiated to the bilateral upper extremities. The diagnoses have included recurrent disc herniation, bilateral lower extremity radiculopathy and right upper extremity radiculopathy. Treatment to date has included MRI's, lumbar x-rays, cervical epidural injections, and physical therapy and oral medications. At the office visit on 11/4/14, the injured worker reports 8/10 pain in neck with radiation to bilateral upper extremities and 5/10 low back pain and was prescribed Tylenol 300/60mg and Ultram and was instructed to return on 12/9/14. The progress note from 12/9/14 is not in the case file. On 12/24/14 Utilization Review non-certified a request for a cervical MRI and an X-ray AP/lateral (unspecified) and Voltaren #30. The UR physician modified a prescription for Norco 10/325mg #15 to Norco 10/325mg #10 and Tramadol 50mg #60 to Tramadol 50mg #40. The UR physician noted the MTUS and ACOEM guidelines. On 1/2/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #15, Tramadol 50mg #60, Voltaren #30, cervical MRI and an X-ray AP/lateral (unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray in antero-posterior and lateral views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178 and 303-305.

Decision rationale: This patient presents with neck and low back pain. The request is for X-ray in antero-posterior and lateral views. The patient's work status is temporarily total disability per 11/04/14 report. The most recent X-rays of the lumbar spine in 2 views were taken on 11/04/14 revealed the patient is to be solidly fused. The patient also had another set of X-rays from 9/23/14 that revealed intact screws with hardware in good position and the interbody graft well incorporated and solid. Although RFA date is not available, per utilization review letter dated 12/24/14, RFA is from 12/9/14 and it appears that the current request is for another set of X-rays. ACOEM guidelines on special studies for C-spine Chapter 8, page 177 and 178 states that the radiography is recommended for emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. For radiography for low back, ACOEM ch12, low back, pages 303-305: Special Studies and Diagnostic and Treatment Considerations Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. In this case, the treater appears to be asking for another set of X-rays addressing the patient's lumbar spine. However, there were already two sets of X-rays done showing good hardware position and a solid fusion. The treater does not mention why another set is needed. There does not appear to be a reason to obtain another set based on the guidelines and the patient's clinical presentation. The request IS NOT medically necessary.

One (1) MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation neck and upper back chapter , MRI

Decision rationale: This patient presents with neck and low back pain. The request is for one MRI of the cervical spine. The patient previously had an MRI of the cervical spine in 09/03/13 which showed mild discogenic disease and lesser degrees of facet degenerative disease throughout the cervical spine. ACOEM Guidelines chapter 8, page 177 and 178 state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines neck and upper back chapter do not support MRIs unless there are neurologic signs/symptoms present. In this case, the treater does not explain why the patient needs an updated MRI of cervical spine. There are no new injuries, or emergence of red flag. None of the report shows a significant cervical

pathology or severe/progressive neurologic deficit to require another set of MRI's. The request IS NOT medically necessary.

Voltaren XR #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-68. Decision based on Non-MTUS Citation Pain chapter, Diclofenac

Decision rationale: This patient presents with neck and low back pain. The request is for Voltaren XR #30 per 11/04/14 report. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. However, for Diclofenac, ODG guidelines pain chapter provide a specific discussion stating, "Not recommended as first line due to increased risk profile." In this case, there is no documentation provided regarding how long the patient has been taking this NSAID. Review of the reports does not show why the treater has chosen this particular NSAID which has a high risk profile similar to Vioxx. The updated and current guidelines do not support the use of this medication unless there is a good reason to tolerate such a high risk. The request IS NOT medically necessary.