

<b>Case Number:</b>	CM15-0007265		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Texas, Ohio, 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 neck, low back, and wrist pain reportedly associated with an industrial injury of June 10, 2008. In a Utilization Review Report dated January 6, 2015, the claims administrator failed to approve a request for MRI imaging of the neck, MRI imaging of the low back, MRI imaging of wrist, wrist corticosteroid injection, tramadol, Protonix, and Norflex. The claims administrator referenced progress notes of December 3, 2014 and December 23, 2014, in its determination. The applicant's attorney subsequently appealed. In a February 26, 2014 progress note, the applicant reported multifocal complaints of neck and wrist pain, highly variable, 4 to 9/10. The applicant was reportedly working full time while using Norco, Relafen, and Zanaflex, several of which of which were refilled. It was stated that the applicant was working with previously imposed permanent limitations in place. In an RFA form dated August 7, 2014, MRI imaging of cervical spine, MRI imaging of lumbar spine and MRI imaging of the wrist was sought, along with a physiatry consultation, 12 sessions of manipulative therapy, hot and cold compressive garment, and cervical traction device. In a November 15, 2014 progress note, the attending provider noted that the applicant was working on a part-time basis, 15 hours per week. The attending provider stated that he had requested MRI imaging of the neck, low back, and wrist. The attending provider stated that he was searching for progression of previously identified facet disease and cervical disk disease. The attending provider stated that he was seeking authorization for a wrist joint injection. The attending provider stated that he was furnishing the applicant with concurrent prescriptions for Naprosyn and Nalfon. Laboratory testing, trazodone,

Norco, tramadol, nerve conduction testing of the upper extremities, MRI imaging of the wrist, MRI imaging of the neck, and MRI imaging of the low back were endorsed. The attending provider gave the applicant diagnosis of wrist pain attributed to a late effect of the left wrist distal ulnar shaft fracture, non-displaced. In a subsequent note dated December 23, 2014, it was stated that the applicant had quit smoking marijuana at age 14. The applicant was using Norco three times daily, it was suggested. The applicant received occipital nerve blocks and trigger point injections in the clinic setting. Medial brach blocks under fluoroscopy were sought. On December 3, 2014, the attending provider reiterated his request for the wrist corticosteroid injection, and MRI of the neck, low back, and left wrist to determine disease progression. Cervical pillow, tramadol, Nalfon, Protonix, Norflex, Norco, and Desyrel were again endorsed. The applicant received a sacroiliac injection at this point. It was again suggested that the applicant was working on a part-time basis with limitations in place.

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

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

#### **MRI without Contrast Neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** No, the proposed MRI without contrast of the neck (cervical spine) is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, does recommend MRI or CT imaging to validate the diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention of the applicant's willingness to consider or contemplate any kind of invasive procedure involving the cervical spine (AKA neck) based on the outcome of the study in question. The attending provider did not state or suggested the applicant was willing to consider surgical intervention based on the outcome of the proposed neck MRI. Rather, the attending provider suggested on several progress notes referenced above, throughout late 2014, that he is intent on performing MRI imaging of the neck for academic or evaluation purposes, to determine the extent of disease progression. This is not an appropriate indication for MRI imaging, per ACOEM. Therefore, the request is not medically necessary.

#### **MRI without Contrast Low Back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** Similarly, the request for an MRI without contrast of the low back is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reversed for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, there was/is no mention of the applicant's willingness to undergo any kind of surgical intervention based on the outcome of the proposed lumbar MRI. Rather, the attending provider stated that he was performing lumbar MRI imaging for academic or evaluation purposes, to determine the extent of the degenerative disk disease progression. This is not appropriate indication for MRI imaging, per ACOEM. Therefore, the request is not medically necessary.

#### **MRI Without Contrast Left Wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Magnetic Resonance Imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272.

**Decision rationale:** Similarly, the request for MRI imaging of the wrist is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 acknowledges that usage of MRI scans of the forearm, hand, and/or wrist, are deemed optional prior to history and physical therapy examination by qualified specialist, in this case, however, little-to-no narrative commentary accompany the request for authorization. The attending provider did not state how the proposed wrist MRI would influence or alter the treatment plan. The attending provider did not state how he would act on the results of the proposed wrist MRI. The attending provider did not state, for instance, that he was considering surgical intervention involving the injured wrist based on the outcome of the study. The attending provider did not, in short, furnish sufficient applicant-specific rationale so as to augment the tepid ACOEM position on the article at issue. Therefore, the request is not medically necessary.

#### **Left wrist joint injection 5 CC Lidocaine 1 CC Depomedrol 5 CC Marcaine: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** Conversely, the proposed left wrist joint injection with 5 cc of lidocaine, 1 cc of Depo Medrol, and 5 cc of Marcaine is medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 265 does acknowledge that a clinician may always try conservative methods before considering an injection as part and parcel of optimal care, in this case, however, the applicant has seemingly tried, failed, and exhausted conservative treatment in the form of time, medications, physical therapy, topical

agents, etc. Moving forward with what appears to be a first time wrist corticosteroid injection, thus, is indicated. Therefore, the request is medically necessary.

**Tramadol extended release 150 mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** Similarly, the request for tramadol extended release, a synthetic opioid, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria of 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, the applicant has apparently returned to part-time work, the treating provider has contended. Several progress notes, referenced above, also suggested that the applicant is deriving appropriate analgesia with ongoing medication consumption, including ongoing tramadol consumption. Therefore, the request was medically necessary.

**Protonix 20 mg: Overturned**

**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 NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68.

**Decision rationale:** Similarly, the request for Protonix, a proton-pump inhibitor, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants at heightened risk for gastrointestinal events, who by implication, qualify for prophylactic usage of proton pump inhibitors include those individuals who are using multiple NSAIDs. Here, the applicant was seemingly given concurrent prescriptions for two separate NSAIDs, Naprosyn and Nalfon, on November 5, 2014. Prophylactic provision of Protonix (pantoprazole) was, thus, indicated in the face of the applicant's concurrent usage of two separate NSAIDs. Therefore, the request was medically necessary.

**Norflex 100 mg # 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic. Page(s): 63.

**Decision rationale:** Finally, the request for Norflex, a muscle relaxant, was not medically necessary, medically appropriate, and indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex are recommended for short-term use purposes, for acute exacerbations for chronic low back pain, here, however, the 60 tablet supply of Norflex at issue represents chronic, long term, and/or daily usage of the same. Such usage, however, runs counter to the short-term usage for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.