

<b>Case Number:</b>	CM15-0103523		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	06/02/2010
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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 52 year old female, who sustained an industrial injury on 6/2/2010. She reported being physically attacked and beaten. Diagnoses have included cervical/trapezial musculoligamentous sprain/strain and muscle contraction headaches, with C3-C6 3mm disc protrusion, degenerative disc disease, facet changes, stenosis and C6-C7 4mm disc protrusion per magnetic resonance imaging (MRI) scan dated 10/4/2010, thoracic musculoligamentous sprain/strain, lumbosacral musculoligamentous sprain/strain, right shoulder sprain/strain, left shoulder sprain/strain, left knee sprain/strain and situational depression/anxiety. Treatment to date has included physiotherapy, bracing, acupuncture, trigger point injections, shoulder surgery and medication. According to the progress report dated 4/15/2015, the injured worker complained of neck and bilateral shoulder pain, spasm, fatigue, weakness and tenderness. Exam of the cervical spine revealed tenderness to palpation with moderate muscle spasm over the trapezius muscles and paravertebral musculature. Spurling's maneuver was positive on the right upper extremity. Sensation to pinprick and light touch was decreased along the right C5 and C6 nerve root distribution. Authorization was requested for magnetic resonance imaging (MRI) of the cervical spine, rheumatologic consultation and Axid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI (magnetic resonance imaging) Cervical Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines, Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** This patient presents with neck and bilateral shoulder pain. The current request is for MRI (magnetic resonance imaging) Cervical Spine. The RFA is dated 05/07/15. Treatment to date has included physiotherapy, bracing, acupuncture, trigger point injections, shoulder surgery and medications. The patient is not working. 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, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. According to progress report 04/15/15, the patient complains of neck and bilateral shoulder pain, spasms, fatigue, weakness and tenderness. Examination of the cervical spine revealed tenderness to palpation with moderate muscle spasm over the trapezius muscles and paravertebral musculature. Spurling's maneuver was positive on the right upper extremity. Sensation to pinprick and light touch was decreased along the right C5 and C6 nerve root distribution. The treater requested a MRI of the c-spine for further evaluation. This patient has an MRI of the c-spine on 10/04/10 which revealed C3-C6 3mm disc protrusion, degenerative disc disease, facet changes, stenosis and C6-C7 4mm disc protrusion. Review of subsequent progress reports indicate that the patient continues with neck pain without any progression in symptoms and no red flags to warrant a repeat MRI. ODG guidelines state that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." The request IS NOT medically necessary.

## **Rheumatologic Consultation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7, page 127.

**Decision rationale:** This patient presents with neck and bilateral shoulder pain. The current request is for Rheumatologic Consultation. The RFA is dated 05/07/15. Treatment to date has included physiotherapy, bracing, acupuncture, trigger point injections, shoulder surgery and medications. The patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The treater is requesting a Rheumatologic consultation for "assessment of global body pain, fatigue, tenderness, weakness and inability to sleep." In regard to the request for consultation with a rheumatologic specialist, the progress reports do not provide a history of rheumatologic issues. This patient's continuing unresolved neck and shoulder pain and sleep issues should be addressed by the primary treating physician. Given the lack of discussion regarding the medical necessity of a specialist consultation, the request IS medically necessary.

**Axid 150 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and Gastrointestinal symptoms Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation FDA.gov.

**Decision rationale:** This patient presents with neck and bilateral shoulder pain. The current request is for Axid 150 mg Qty 60. The RFA is dated 05/07/15. Treatment to date has included physiotherapy, bracing, acupuncture, trigger point injections, shoulder surgery and medications. The patient is not working. Axid is a Histamine-2 Receptor Antagonist used to treat GERD. Regarding Axid, there is no discussion in ACOEM, MTUS, ODG or Aetna. According to FDA.gov, Axid is indicated for up to 8 weeks for the treatment of active duodenal ulcer/active benign gastric ulcer, and for up to 12 weeks for the treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, and associated heartburn due to GERD. For similar medication proton pump inhibitors, MTUS supports it for prophylactic use along with an oral NSAID when GI risk assessments are provided. The patient's current medications include Norco, Prilosec and Ambien. This is an initial request for medication. The treater states that Axid is for tx of dyspepsia due to NSAID use or other medication use. The patient complains of some irritation with taking Norco and the treater has prescribed Prilosec. There is no discussion as to whether or not Prilosec has been helpful or that the patient continues to have dyspepsia. The patient is not on any current NSAIDs to warrant a prophylactic use of any PPI's or other agents. Given the lack of documentation as to why Axid is being prescribed when the patient is already on Prilosec, the request IS NOT medically necessary.