

<b>Case Number:</b>	CM15-0010497		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	01/25/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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 male, who sustained an industrial injury on 01/25/2012. On physician's progress report dated 12/15/2014, the injured worker has reported pain in cervical spine that radiates to bilateral trapezius muscles. The diagnoses have included degenerative joint disease lumbar spine and degenerative joint disease of cervical spine. Treatment plan included MRI neck spine without dye. On 12/23/2014 Utilization Review non-certified MRI neck spine without dye. The CA MTUS, ACOEM Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of The Cervical Spine:** Overturned

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

**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 (ODG) Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The patient was injured on 01/25/12 and presents with lumbar spine pain and cervical spine pain which radiates to his bilateral trapezius and down his arms. The request is for a MRI OF THE CERVICAL SPINE. The 12/16/14 RFA indicates that the request is for a repeat cervical spine MRI and the patient is to remain off of work until 01/15/15. The patient had a prior MRI of the cervical spine on 09/15/14 which revealed degenerative changes of the cervical spine. Congenital osseous fusion of the C2-3 level. Motion degraded examination. Consideration to repeat examination when the patient is able to hold still is recommended. Regarding MRI, uncomplicated Neck pain, chronic neck pain, ACOEM Chapter: 8, pages 177-178 states: "Neck and Upper Back Complaints, under Special Studies and Diagnostic and Treatment Considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI) states: "Not recommended except for indications list below. Indications for imaging MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present, Neck pain with radiculopathy if severe or progressive neurologic deficit." The 12/15/14 report states that the treater has reviewed and discussed patient's most recent MRI of cervical spine unable to get good results per report he was moving too much. The patient had a prior MRI of the cervical spine on 09/15/14. Although the patient did have a prior MRI three months prior to the RFA, it appears that the patient was not able to hold still, resulting in an incomplete MRI. Therefore, the requested MRI of the cervical spine IS medically necessary.

**Norco 5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain and Criteria for use of opioids Page(s): (s) 60-61, 76-78 and 88-89.

**Decision rationale:** This patient presents with constant low back and neck pain that radiates into the upper and lower extremities. The current request is for Norco 5/325mg #60. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient indicates that "medications help." Cervical spine pain is rated as 4-5/10 and lumbar pain as 3-5/10. The patient remains off work. On 10/20/14, the treating physician reported that the patient was taking medications as needed. There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating

physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request is not medically necessary.