

Case Number:	CM15-0143775		
Date Assigned:	08/04/2015	Date of Injury:	10/22/2014
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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, New York, 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 45-year-old who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of October 22, 2014. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve requests for cervical MRI imaging and Norco. The claims administrator framed the request for Norco as a renewal or extension request. The claims administrator referenced an RFA form received of July 7, 2015 and an associated progress note of May 28, 2015 in its determination. The applicant's attorney subsequently appealed. On June 8, 2015, the applicant reported ongoing complaints of upper back and lower back pain. The applicant was using three to four Norco daily. Walking remained painful. Any activity remained painful, it was reported, including sitting, driving, flexion, and extension, it was reported. The applicant was not working, it was acknowledged. The applicant was using a cane to move about in the clinic setting. The attending provider stated that the applicant was not a surgical candidate, as she had no focal neurologic deficits. The applicant was described, somewhat incongruously, using a cane in one section of the note and described as having exhibited a normal gait and station in another section of the note. 5/5 strength in all muscle group testing was reported. In an appeal letter dated May 27, 2015, the attending provider appealed previously denied Norco, stating that Norco had attenuated the applicant's pain complaints from 10/10 to 2/10. The attending provider stated that Norco was ameliorating the applicant's ability to sleep, do laundry, and keep his room clean. On June 25, 2015, the attending provider appealed previously denied urine drug testing. On May 28, 2015, the applicant's primary treating provider (PTP), a physiatrist, noted that the applicant had ongoing complaints of neck pain radiating to the bilateral upper extremities. The applicant was on Norco at a rate of four times daily, it was reported. In the diagnoses section of the note, the

applicant was described as having persistent thoracic pain, chronic low back pain, and neck pain. Cervical MRI imaging was sought to take a look at the disks. The applicant was asked to follow up with a spine surgeon. A 30-pound lifting limitation was endorsed, although it did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of the cervical spine: Upheld

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

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

Decision rationale: No, the request for MRI imaging of the cervical spine was 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 of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam finding, in preparation for an invasive procedure, here, however, the applicant consulted a spine surgeon on June 8, 2015. The spine surgeon wrote that the applicant was not a surgical candidate. The applicant was described as exhibiting 5+ muscle strength in all muscle groups tested. While it was suggested that the spine surgeon focused his consultation on the applicant's purportedly primary presenting complaint of low back pain, it did not appear, however, that the applicant was considering or contemplating any kind of surgical intervention involving the cervical spine, either. The May 28, 2015 progress note seemingly suggested that cervical MRI imaging was being ordered for academic or evaluation purposes to take a look at the disks. The requesting provider was a physiatrist (as opposed to a spine surgeon), significantly reducing the likelihood of the applicant's acting on the results of the study in question and/or considering surgical intervention based on the outcome of the same. The multifocal nature of the applicant's pain complaints, which included the neck, mid back, and low back, moreover, argues against any focal nerve root compromise referable to the cervical spine or upper extremities. Therefore, the request was not medically necessary.

One (1) prescription of Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for 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, however, the applicant was off of work, a spine surgeon reported on June 8, 2015. Any activity was described as painful, including those as basic as sitting, driving, flexion, extension, negotiating stairs, squatting, and walking. The applicant was not working, it was reiterated on that date. The applicant had self-prescribed himself with a cane. The reports of the applicant's spine surgeon, in effect, undermined the primary treating provider's reports of analgesia effected as a result of ongoing Norco usage of May 27, 2015. The attending provider's commentary on the appeal letter of May 27, 2015 to the effect that the applicant's ability to do his laundry and keep his room clean did not constitute evidence of a meaningful, material, and/or substantive improvement in function effected as a result of ongoing Norco usage and was outweighed by the applicant's failure to return to work and the spine surgeon's commentary on June 8, 2015 to the effect that any activity, including those as basic as sitting, driving, walking, and negotiating stairs, remained painful. Therefore, the request was not medically necessary.