

<b>Case Number:</b>	CM15-0146398		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: 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 injured worker is a 52 year old male, who sustained an industrial injury on 10-29-2012. The medical records did not include the details regarding the initial injury. Diagnoses include cervical degenerative disc disease, cervical disc herniation, lumbar disc degeneration and radiculitis, and right hip pain, status post cervical fusion. Treatments to date include activity modification, medication therapy, physical therapy, and lumbar epidural steroid injections. Currently, he complained of pain in the low back rated 9.5 out of 10 VAS with medications on average for that date. On 6-24-15, the physical examination documented a painful gait and guarding with pain in the neck and hip area. The plan of care included a prescription for Hydrocodone 10-325mg #180; a walker; and MRI of the cervical spine, right hip, and thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right hip:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter/MRI (magnetic resonance imaging) Section.

**Decision rationale:** MTUS guidelines do not address MRI of the hip. Per the ODG, hip MRI is recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. Indications for Magnetic resonance imaging: osseous, articular or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries or tumors. In this case, the available documentation does not provide objective evidence of the red flags listed above. Therefore, the request for MRI of the right hip is not medically necessary.

**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): 177-179.

**Decision rationale:** Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. In this case, the criteria for special studies are not met. There is no indication of the presence of a red flag, failure to progress in a strengthening program intended to avoid surgery, or the need for clarification of the anatomy prior to an invasive procedure. The request for MRI of the cervical spine is not medically necessary.

**MRI of the thoracic 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): 70.

**Decision rationale:** Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. In this case, the criteria for special studies are not met. There is no indication of the presence of a red flag, failure to progress in a strengthening program intended to avoid surgery, or the need for clarification of the anatomy prior to an invasive procedure. The request for MRI of the thoracic spine is not medically necessary.

**Walker:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter/Walking Aids Section.

**Decision rationale:** The MTUS Guidelines do not address the use of walkers. The ODG does recommend the use of walkers to reduce pain associated with osteoarthritis. It is not evident that the injured worker has pain from walking that may benefit from the use of a walker. There is also no evidence of instability and it is noted that he uses the assistance of a cane with no reported problems. The request for a walker is not medically necessary.

**Hydrocodone 10/325 mg #180:** Upheld

**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 Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking opioids for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone 10/325 mg #180 is not medically necessary.