

Case Number:	CM15-0149188		
Date Assigned:	08/12/2015	Date of Injury:	07/14/2010
Decision Date:	09/30/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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 53 year old male who sustained an injury on 7-14-10. The injury resulted when the IW was standing on a hydraulic ladder off the floor with both feet and hit the front part of his head and fell backwards. He lost consciousness and experienced pain and numbness down his left arm. X-rays were taken and MRI cervical spine was done on 9-6-11. Treatment has included chiropractic, physical therapy, heat, ice, traction, acupuncture, functional restoration program and medications. Diagnoses include cervical disc degeneration; cervical disc disorder with myelopathy; chronic pain syndrome and sprains and strains of neck. The current progress note form 6-9-15 reports ongoing issues of the neck and back spasms. The IW states that when taking Tramadol in the past there was no significant changes and that he is able to function much better with the medication than without it. The physical examination cervical spine is 10 degrees flexion, rotation right and left is 30 degrees; deep tendon reflexes are symmetric. Shoulder abduction and forward flexion are 4-5 bilaterally; elbow flexion and extension are 4-5 bilaterally; knee extension and flexion are 3+ on the right and 4 on the left. The cervical spine Spurling's examination is positive and Adson's test is positive bilaterally. Work status is permanently disabled. Diagnoses are cervical myelopathy; status post cervical discectomy and fusion, and chronic pain syndrome. Current requested treatments MRI of cervical spine, Tramadol HCL capsule 150 mg ER #60 dispensed 6-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 chapter, under Magnetic resonance imaging.

Decision rationale: The current request is for MRI of cervical spine. The RFA is dated 06/24/15. Treatment has included cervical fusion (7/15/10), chiropractic, physical therapy, heat, ice, traction, acupuncture, functional restoration program and medications. The patient is permanently disabled. 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, Neck and Upper Back chapter, under Magnetic resonance imaging (MRI) has 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. Per report 6-9-15, the patient presents with ongoing issues of the neck and lower back. The physical examination revealed decreased ROM in the cervical spine. Spurling's and Adson's test is positive bilaterally and there is paresthesias in the 3rd, 4th and 5th digits in the right hand. The request is for an MRI of the cervical spine. The patient is s/p cervical fusion on 07/15/10 and underwent cervical MRI on 09/08/11, which revealed DDD with retrolisthesis at C3-4 with post op changes noted at C4-5, moderate canal stenosis at C3-4 and C5-6 a moderate to severe at C6-7. In this case, the patient presents with neurological deficits, but it appears to be no significant change from when the patient had the MRI from 2011. The patient presents with chronic neck pain with radicular symptoms with no red flags, or significant change in exam findings to warrant a repeat MRI. The request IS NOT medically necessary.

Tramadol HCL capsule 150mg ER #60 dispensed 6/9/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 76, 77, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The current request is for Tramadol HCL capsule 150mg ER #60 dispensed 6/9/15. The RFA is dated 06/24/15. Treatment has included cervical fusion (7/15/10), chiropractic, physical therapy, heat, ice, traction, acupuncture, functional restoration program and medications. The patient is permanently disabled. MTUS, CRITERIA FOR USE OF OPIOIDS, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 6-9-15, the patient presents with ongoing issues of the neck and lower back. The physical examination revealed decreased ROM in the cervical spine. Spurling's and Adson's test is positive bilaterally. The request is for a refill of Tramadol. Per report 06/09/15, the patient states that he can function much better with medications than without. Per report 02/12/15, Tramadol once a day is helpful and it is effective along with maximizing his ability to function on a daily level. The treater has only provided generic statements of medication efficacy. There are no before and after pain scales provided. There are no examples of ADLs and no pain management issues discussed such as CURES report, pain contract, et cetera. There is no urine drug screens provided to see if the patient is compliant with his prescribed medication either. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.