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| <b>Case Number:</b>   | CM15-0161937 |                              |            |
| <b>Date Assigned:</b> | 08/27/2015   | <b>Date of Injury:</b>       | 09/20/2002 |
| <b>Decision Date:</b> | 09/30/2015   | <b>UR Denial Date:</b>       | 08/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/17/2015 |

### 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: Emergency 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 55 year old female who sustained an industrial injury on September 20, 2002. The worker is employed as a cashier service clerk who experienced continuous trauma over the course of employment resulting in injury. A secondary treating visit dated October 29, 2014 reported subjective complaint of increased migraines in both frequency and intensity since last visit. She states having had previous Botox injection with noted positive effect; there is also request pending authorization. She is with increased right knee pain in addition to experiencing bilateral upper extremity pain. She is still working a modified work duty and noted with increased pain. Current medication regimen consisted of: Opana ER, and Oxycodone for breakthrough symptom. She is also prescribed Paxil via psychiatric physician treating her anxiety and depression. There is also a pending injection treating knee pain under orthopedic consultation. Objective assessment noted the right knee with tenderness to palpation at the medial joint line and she is with complaint of pain more so with flexion than extension. Her cervical range of motion is noted limited at extremes of motion and decreased secondary to pain; cervical paraspinal muscles are tight and noted trigger points palpated. She is diagnosed with the following: low back pain; muscle spasms and cervical dystonia; cervicogenic headaches, migraines; status post carpal tunnel release, bilateral wrists. The plan of care noted continuing with a modified work schedule; pain management regimen; psychiatric follow up. There is recommendation for repeat Botox injections treating chronic migraines and orthopedic follow up treating chronic right knee and bilateral upper extremity issue. At follow up dated July 27, 2015 reported subjective complaint of increased depression and pain, fatigue and sleepiness

throughout the daytime. Of note, under psychiatric care she is with increased Paxil. She is also complaining of neck pain with radiation down the bilateral upper extremities with numbness and tingling. She is still working full time modified job duty but feels it becoming more difficult due to increased pain episodes. Discussion noted regarding medication regimen and the Opana ER noted increased to 15mg twice daily. There is also recommendation to undergo a more current magnetic resonance imaging study of the cervical spine due to complain of increased pain; possibly even diagnostic nerve conduction study and a behavioral therapy program.

### **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:** 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 rationale:** As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. This appears to a flare of chronic pain. There is no documentation of an attempt at conservative care for flare up of pain. There is no documentation of worsening symptoms or new neurological deficits. MRI of cervical spine is not medically necessary.