

<b>Case Number:</b>	CM15-0183370		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	10/27/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: 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 28 year old male, who sustained an industrial injury on October 27, 2014. Medical records indicate that the injured worker is undergoing treatment for a contusion with loss of consciousness, closed head injury, post-concussion syndrome, cognitive disorder, lumbar strain, bitemporal headaches, right knee patellar tendinosis- bursitis, left rib fractures, basilar skull fracture, left ear abnormal sound, anxiety and depression. The injured worker was noted to be temporarily totally disabled. On 7-13-15 the injured worker was evaluated for a concussion with loss of consciousness and a subdural hemorrhage. The injured worker was noted to have neck and back pain, headaches, anxiety and depression. The pain was rated 8 out of 10 on the visual analogue scale. Physical examination noted the injured worker was alert, attentive with good cognition and no evidence of impairment from treatments. There was no aphasia noted and no meningeal signs. Reflexes were intact and symmetric without upper motor neuron findings. Physical examination of the head and neck were not noted. Treatment and evaluation to date has included medications, rib x-rays, brain MRI (3-4-15), MRI of the lumbar spine (9-8-15), MRI of the cervical spine (9-5-15), physical therapy, neuropsychological evaluations and a home exercise program. Subsequent progress reports (6-24-15 and 5-27-15) note the injured worker pain levels to vary from 5 to 7-8 out of 10. Current medications include Tramadol (since at least February of 2015). Medications tried and failed include Topamax (side effects). The request for authorization dated 7-13-15 included requests for Tramadol 50 mg # 45 with 1 refill, one outpatient MRI of the head and neck, one outpatient surgical trigger point injection to the head and neck and outpatient labs (blood urea nitrogen and creatinine). The Utilization Review

documentation dated 9-17-15 non-certified the requests for Tramadol 50 mg # 45 with 1 refill, one outpatient MRI of the head and neck, one outpatient surgical trigger point injection to the head and neck and outpatient labs (blood urea nitrogen and creatinine).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Tramadol 50mg quantity 45 with one refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The records indicate that this patient has significant functional benefit and improvement in ADL's with the continued use of this medication. I am reversing the previous utilization review decision.

Tramadol 50mg quantity 45 with one refill is medically necessary.

#### **One outpatient MRI of the head and neck: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Head, MRI.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. This patient underwent MRI's of the brain and cervical spine earlier this year. Repeat MRI's are not appropriate. The patient may be a candidate for a repeat MRI of the brain, but there is no explanation in the medical record for ordering it at this time. One outpatient MRI of the head and neck is not medically necessary.

#### **One outpatient surgical trigger point injection to the head and neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. One outpatient surgical trigger point injection to the head and neck is not medically necessary.

**Outpatient labs (BUN, Creatine):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health, Chapter 193, BUN and creatine.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach.

**Decision rationale:** The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define cervical pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. (Table 8-4). There was no indication present in the PR-2 supplied for review to warrant lab tests. Outpatient labs (BUN, Creatine) are not medically necessary.