

Case Number:	CM15-0197147		
Date Assigned:	10/12/2015	Date of Injury:	02/22/2011
Decision Date:	11/30/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/07/2015

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, Hawaii

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 50 year old female, who sustained an industrial injury on February 22, 2011. The injured worker was diagnosed as having myelopathy and cervical radiculopathy. Treatment and diagnostic studies to date has included use of a status post cervical surgery, neck collar, acupuncture, chiropractic therapy, physical therapy, home exercise program, and medication regimen. In a progress note dated August 26, 2015 the treating physician reports complaints of constant, aching pain to the neck that radiates to the bilateral shoulders, along with pins and needles sensation to the neck, tightness to the shoulder blades, swelling and numbness to the bilateral hands, daily headaches, and sleep disturbance. The treating physician also noted complaints of constant, aching pain to the low back that radiates to the left lower extremity along with numbness and tingling to the left lower extremity. Examination performed on August 26, 2015 was revealing for tenderness to the cervical spine with spasms to the left trapezius area, decreased range of motion to the cervical spine, decreased sensation to the left cervical six, seven, and eight dermatomes, and hyper-reflexic upper and lower extremities. The injured worker's medication regimen on August 26, 2015 included Norco (since at least February of 2014), Flexeril (since at least February of 2014), and Nabumetone (since at least July of 2015) noting that the injured worker's medication regimen decreases the pain by 50% allowing her to increase her activities of daily living along with being able to "sleep more soundly through the night." The injured worker's pain level on August 26, 2015 was rated an 8 to 9 out of 10 to the neck and a 6 out of 10 to the low back, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of medication regimen and after use of medication regimen to indicate the effects with the use of the injured worker's medication regimen. The progress note from August 26, 2015 noted 12 sessions of acupuncture that provided "mild

temporary relief", but also noted that the injured worker had a decrease in pain, use of less oral medication, and was able to perform more activities of daily living at home including sweeping and mopping with prior acupuncture therapy. The documentation provided did not contain any prior radiology results. On August 26, 2015 the treating physician requested Norco 10-325mg with a quantity of 120 noting the current use of this medication as indicated above. The treating physician also requested additional acupuncture 2 times a week for 4 weeks to the cervical spine as noted above and requested magnetic resonance imaging of the cervical spine with the treating physician noting that the injured worker's "condition has taken a turn for the worse." On September 16, 2015 the Utilization Review determined the requests for Norco 10-325mg with a quantity of 120, additional acupuncture 2 times a week for 4 weeks to the cervical spine, and magnetic resonance imaging of the cervical spine to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain.

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

Decision rationale: The patient presents with diagnoses that include myelopathy and cervical radiculopathy. The patient is status post cervical surgery. The patient recently complained of constant, aching pain to the neck that radiates to the bilateral shoulders, along with numbness and tingling to the left lower extremity. The current request is for Norco 10/325mg, quantity 120. The treating physician states in the treating report dated 8/26/15 (59B), "in regards to medications, the patient will continue Norco 10/325 mg #120 to be take every 4-6 hours as needed for server pain. The alternatives, risks and potential complications were discussed and she states understanding." The patient's disability status is permanent and stationary. The physician notes that if no modified work is available, employer must keep employee off work unless, and until, such modified work is made available. For chronic opiate use, MTUS Guidelines 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 aberrant 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. In this case, the treating physician clearly documents the patient's analgesia and ADLs, as well as her lack of adverse side effects and aberrant behaviors while on the current medication regimen. The current request is medically necessary.

Additional acupuncture 2 times a week for 4 weeks to the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter (online version).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with diagnoses that include myelopathy and cervical radiculopathy. The patient is status post cervical surgery. The patient recently complained of constant, aching pain to the neck that radiates to the bilateral shoulders, along with numbness and tingling to the left lower extremity. The current request is for 8 additional sessions of acupuncture to the cervical spine. The treating physician states in the treating report dated 8/26/15 (60B), the patient has had benefit from the acupuncture: a reduction in her pain level, she was able to take less oral medications, and she was able to do more activities. I recommended additionally acupuncture at two times a week for four weeks, please consider this a formal request for authorization. Acupuncture Medical Treatment Guidelines (AMTG) do recommend acupuncture for the treatment of neck and upper back complaints. AMTG states, "Time to produce functional improvement: 3 to 6 treatments." Acupuncture treatments may be extended if functional improvement is documented. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. In this case, the clinical history notes the patient has "had benefit from the acupuncture: a reduction in her pain level, she was able to take less oral medications, and she was able to do more activities." The current request is medically necessary.

MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Neck, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with diagnoses that include myelopathy and cervical radiculopathy. The patient is status post cervical surgery. The patient recently complained of constant, aching pain to the neck that radiates to the bilateral shoulders, along with numbness and tingling to the left lower extremity. The current request is for a MRI of the cervical spine. The treating physician states in the treating report dated 8/26/15 (60B), "At this time, I request an MRI of the cervical spine. The patient's condition has taken a turn for the worse with respect to increased pain." ACOEM Guidelines have the following criteria for imaging studies: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of anatomy prior to invasive procedure. In addition, ODG under the neck and upper back chapter on MRI states, "MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor infection and fracture or for a clarification of anatomy prior to surgery." In this case, the clinical history documents that this patient is status post cervical surgery and there is no record of post surgical diagnostic imaging. The examination from the 8/26/15 (60B) report shows cervical range of motion is 50% of normal, extension 42% of normal, left and right lateral tilt 67% of normal, and left/right rotation 69% of normal. Neurologic evaluation notes there is decreased sensation in the left C6, C7 and C8 dermatomes on the left. Intermittent Hoffmann's on the left. Hyper-reflexic upper and lower extremities. Radicular symptoms were reported and the patient reports using a neck collar when driving. In this case, the patient does meet the criteria for an MRI of the cervical spine per the ACOEM and ODG Guidelines. The current request is medically necessary.