

Case Number:	CM15-0213574		
Date Assigned:	11/03/2015	Date of Injury:	05/05/2015
Decision Date:	12/22/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and mid back pain reportedly associated with an industrial injury of May 5, 2015. In a Utilization Review report dated October 14, 2015, the claims administrator approved a request for MRI imaging of the brain while failing to approve requests for MRI imaging of the cervical spine, MRI imaging of the thoracic spine, and topical Terocin patches. The claims administrator referenced an October 6, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 6, 2015, the applicant reported ongoing issues with neck and mid back pain with derivative complaints of headaches. The note was some 7 pages long and was somewhat difficult to follow. The applicant's primary presenting complaint was headaches, the treating provider reported. The note did mingle historical issues with current issues to a considerable degree. Headaches and neck pain exacerbated by heavy lifting were reported. The attending provider referenced CT imaging of the cervical and thoracic spines, undated, reportedly interpreted as negative. CT imaging of the head dated May 12, 2015 was likewise negative, the treating provider reported. The applicant was on topical Terocin, the treating provider noted. Normal motor function, tone, and power about the upper extremities were noted with dysesthesias appreciated on sensory examination. Topical Terocin was prescribed and dispensed while MRI imaging of the brain, MRI imaging of the cervical spine, and MRI imaging of the thoracic spine were all ordered. The applicant was given a 30-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitations in place. The requesting provider was a psychiatrist, it was reported. The

requesting provider stated that the MRI studies were needed to establish a firm diagnosis. The treating provider did not state how (or if) the proposed MRI studies would influence or alter the treatment plan, however.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter (online version).

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

Decision rationale: No, the request for MRI imaging of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, however, the applicant's presentation on October 6, 2015 was not clearly suggestive or evocative of an active cervical radiculopathy present. The treating provider suggested that the applicant's primary presenting complaint was headaches. The applicant exhibited intact upper extremity motor function and a normal gait, arguing against the presence of any bona fide nerve root compromise referable to the cervical spine or upper extremities. The fact that the requesting provider was a physiatrist (as opposed to a spine surgeon or neurosurgeon) significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. The fact that 3 different MRI studies were concurrently ordered on the same date of service also significantly reduced the likelihood of the applicant's acting on the results of the study in question. There was, in short, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question. Therefore, the request is not medically necessary.

MRI of the thoracic spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (acute & chronic) Chapter (online version).

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

Decision rationale: The request for MRI imaging of the thoracic spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline

in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the neck and/or upper back are indicated to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, however, as with the preceding request, the applicant's presentation was neither suggestive nor evocative of nerve root compromise referable to the thoracic spine. The attending provider stated on October 6, 2015 that the applicant's primary presenting complaint was headaches. The applicant's well-preserved upper extremity motor function argued against the presence of any bona fide nerve root compromise referable to the thoracic spine or the upper extremities. The fact that the requesting provider was a physiatrist (as opposed to a neurosurgeon or spine surgeon) further reduced the likelihood of the applicant's acting on the results of the study in question. The fact that 3 different MRI studies were concurrently ordered on the same date of service further reduced the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. There was, in short, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and go on to consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.

Terocin patch 4%, apply 1 patch to affected area 12 hours on, 12 hours off #30 patches per month, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation National Library of Medicine TEROCIN- methyl salicylate, capsaicin, menthol and ...[dailymedqa.nlm.nih.gov/dailymed/4/drugInfo.cfmsetid...7957...FDA Guidance's & Info; NLM SPL Resources. Download Data ... Label: TEROCIN- methyl salicylate, capsaicin, menthol and lidocaine hydrochloride lotion.](http://dailymedqa.nlm.nih.gov/dailymed/4/drugInfo.cfmsetid...7957...)

Decision rationale: Finally, the request for topical Terocin was likewise not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the secondary ingredient in the compound, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin compound in question as of the date in question, October 6, 2015. Therefore, the request is not medically necessary.