

<b>Case Number:</b>	CM15-0018727		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	07/11/2007
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 52-year-old female who reported an injury on 07/11/2007. The mechanism of injury involved repetitive activity. The current diagnosis is status post multilevel cervical fusion with junctional disc degeneration. The injured worker presented on 11/11/2014 with complaints of 9/10 neck and bilateral hand pain. The injured worker was utilizing Vicodin, Flexeril, and Motrin. The injured worker was also utilizing a right wrist brace. Upon examination of the cervical spine, there was decreased range of motion, positive Spurling's signs bilaterally, decreased sensation over the right anterolateral arm and forearm, and diminished grip bilaterally. Recommendations at that time included an orthopedic hand consultation, an MRI of the cervical spine, a followup consultation with a spine surgeon, and continuation of the current medication regimen. A Request for Authorization form was then submitted on 11/20/2014.

### 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 Page(s): 165.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 177-179..

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are usually not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. In this case, there was no documentation of a progression or worsening of symptoms or physical examination findings. There was no indication that this injured worker has participated in a recent course of active rehabilitation for the cervical spine prior to the request for an updated imaging study. Given the above, the request is not medically appropriate at this time.

**Motrin 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option. It was noted that the injured worker has continuously utilized the above medication for an unknown duration. There was no documentation of objective functional improvement. The guidelines do not recommend long term use of NSAIDs. There was also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

**Follow up consultation with spine surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, OMPG, Second Edition (2004), Chapter 7: Independent Medical Examinations and Consultations-Consultation

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 177.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state physician followup generally occurs when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. In this case, there was no documentation of a recent exhaustion of conservative treatment prior to the request for a specialty referral. There were no recent plain films or imaging studies provided. The medical necessity for a spine surgeon consultation has not been established in this case. Therefore, the request is not medically appropriate at this time.