

<b>Case Number:</b>	CM15-0124126		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	03/17/2000
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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 53-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of March 17, 2000. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve requests for MRI imaging of the cervical spine, electrodiagnostic testing of the bilateral upper extremities, Ultram, Soma, Prilosec, and home healthcare. The claims administrator referenced an RFA form received on May 7, 2015 in its determination, along with a progress note of the same date. The applicant's attorney subsequently appealed. On April 9, 2015, the applicant reported ongoing complaints of low back pain status post earlier lumbar spine surgery. The applicant had also undergone earlier knee arthroscopy. The applicant was on Tylenol No. 3, Mobic, Soma, and Prilosec, it was reported. The applicant reported residual complaints of paresthesias about the bilateral lower extremities. The applicant was using a cane to move about. The applicant stated that he was occasionally dropping objects from his hand owing to numbness and tingling appreciated about the same. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. No seeming discussion of medication selection or medication efficacy transpired on this date. On June 11, 2015, the applicant reported ongoing complaints of neck pain radiating to the upper extremities. The attending provider seemingly stated that he was appealing the previously denial of cervical MRI imaging and electrodiagnostic testing. The attending provider stated that the applicant had failed 12 sessions of physical therapy and still had dysesthesias present about the left arm and left digits. Hyposensorium was noted about the left C6 through C8 dermatome, it was reported. 4-5/5 left upper extremity strength versus 5/5

right upper extremity strength was reported. Mobic was endorsed. The applicant's complete medication list was not detailed. The attending provider stated that the applicant had bilateral upper extremity radicular pain complaints, left greater than right. Complaints of low back pain radiating to the bilateral lower extremities was also reported. The attending provider seemingly stated that a suspected radiculopathy represented the sole item on the differential diagnosis list insofar as the cervical MRI and/or electrodiagnostic testing in question were concerned. On May 7, 2015, the attending provider stated that the applicant had multifocal complaints of 7-8/10 neck, wrist, and knee pain. The applicant had reportedly fallen. The attending provider seemingly stated that he wished to rule out a cervical myelopathy versus radiculopathy as the source of the applicant's falls. Hyposensorium was noted about the left arm. Ultram, Mobic, Soma, and Prilosec were renewed, seemingly without any discussion of medication efficacy. The applicant's work status was not detailed, although it did not appear that the applicant was in fact working.

### **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: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic): Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** Yes, the proposed cervical MRI was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8- 8, page 182, MRI or CT imaging is deemed recommended to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the applicant presented on May 7, 2015 reporting issues with falling, neck pain radiating to the arms, dysesthesias about the left arm, etc. The applicant's presentation was, thus, suggestive of a cervical radiculopathy versus a cervical myelopathy. Obtaining the cervical MRI in question was, thus, indicated to delineate the extent of the same. Therefore, the request was medically necessary.

#### **NCV/EMG of the Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178, 261. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic): Electromyography (EMG), Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** Conversely, the request for electrodiagnostic testing of the bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, EMG testing is deemed not recommended for a diagnosis of nerve root involvement, if findings or history, physical exam, and/or imaging studies are consistent. Here, the applicant received approval for cervical MRI imaging above, the results of which, if positive, would likely obviate the need for the electrodiagnostic testing in question. Therefore, the request was not medically necessary.

**Retrospective Ultram ER 150mg, #30 (DOS: 5/7/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** The request for Ultram (Tramadol), a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on progress notes of May 7, 2015 or June 11, 2015, suggesting that the applicant was not, in fact, working. The attending provider failed to identify quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Ultram usage (if any). Therefore, the request was not medically necessary.

**Retrospective Soma 350mg, #60 (DOS: 5/7/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The request for Soma (carisoprodol) was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, using a variety of opioid agents, including Tramadol, Tylenol No. 3, etc. Adding Soma to the mix was not recommended, particularly for the chronic, long-term role for which it was seemingly espoused here. Therefore, the request was not medically necessary.

**Retrospective Prilosec 20mg, #60 (DOS: 5/7/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Similarly, the request for Prilosec (Omeprazole), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider reported on May 7, 2015 that Prilosec was being employed for cytoprotective effect (as opposed to for actual symptoms of reflux). However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for usage of Prilosec for cytoprotective effect. Specifically, the applicant was less than 65 years of age (age 53), was only seemingly using one NSAID, Mobic, was not using NSAIDs in conjunction with corticosteroids, and had no known history of GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.

**Home Health Care:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7-Home Health Services; section 50.2 (Home Health Aide Services).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** The request for home healthcare was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to individuals who are homebound. Medical treatment, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does not include homemakers such as shopping, cleaning, laundry, personal care, etc. Here, however, it was not clearly stated precisely what home health services are being sought and/or what they represented whether they conformed to the definition of medical treatment set forth on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.