MAXIMUS Federal Services

Case Number:	CM15-0037621		
Date Assigned:	03/06/2015	Date of Injury:	06/27/2005
Decision Date:	05/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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 58-year-old male who reported injury on 06/27/2005. The injured worker was injured while lifting a granite countertop. The injured worker was noted to be status post anterior cervical discectomy on the right at C6-7 and status post arthroscopic surgery x4 on the right and status post left shoulder surgery. The injured worker was noted to have an MRI of the cervical spine in 2007 and was noted to never have an MRI of the lumbar spine. The injured worker was noted to undergo physical therapy and chiropractic treatment. The injured worker's surgical intervention for the cervical spine was 09/28/2005. The documentation of 12/10/2014 revealed the injured worker had neck and back pain that continued to be severe. The injured worker was noted to have spasms in the neck and back. The injured worker indicated his neck sometimes locks in place. The injured worker was noted to be awaiting authorization of an MRI of the cervical spine and lumbar spine. The injured worker did not have an MRI of the lumbar spine previously. The injured worker was utilizing Norco for pain. The documentation indicated the injured worker had no physical therapy, epidural steroid injections or surgery for low back. The injured worker had 20 sessions of chiropractic treatment. The chiropractic treatment decreased pain somewhat. The injured worker underwent 24 sessions of acupuncture. The injured worker's medications included Celebrex. The injured worker was noted to have tenderness to palpation in the right trapezius and rhomboid region and the left lower lumbar paraspinal region. There was pain with cervical facet loading bilaterally. The injured worker had decreased range of motion of the cervical spine and lumbar spine. The sensation was noted to be intact and motor strength was 4+/5 bilaterally in the deltoid, biceps and internal and

external rotators. The TA and EHL strength was 4+/5 bilaterally. The injured worker was noted to undergo x-rays of the cervical spine on 12/10/2014, which revealed multilevel anterior and posterior osteophytes and moderate disc space narrowing at C5-6 and C6-7. The injured worker underwent 7 view x-rays of the lumbar spine on 12/10/2014 which revealed multilevel anterior and posterior osteophyte, mild to moderate disc space narrowing at L4-5, and moderate disc space narrowing at L5-S1. The treatment plan included an updated MRI of the cervical spine and an MRI of the lumbar spine. The diagnoses included chronic neck and back pain. The injured worker was noted to be prescribed capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Magnetic resonance imaging (MRI).

Decision rationale: The Official Disability Guidelines indicate that a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had previously undergone an MRI. There was a lack of documentation indicating the injured worker had a significant change in symptoms or objective findings to support the necessity for a repeat study. Given the above, the request for MRI (magnetic resonance imaging) of the cervical spine is not medically necessary.

MRI (magnetic resonance imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review failed to provide documentation of objective findings upon physical examination to support the injured worker had unequivocal objective findings of specific nerve compromise.

There was a lack of documentation of a failure of conservative care as it was noted the injured worker had not undergone conservative care for the lumbar spine. As such, the request for MRI (magnetic resonance imaging) of the lumbar spine is not medically necessary.

CM4 caps 0.05% + Cyclo 4% (prescribed 12-10-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Salicylate topicals; Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Topical Capsaicin, Cyclobenzaprine Page(s): 111, 28, 41.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The clinical documentation submitted for review failed to provide documentation that the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency and body part to be treated as well as the specific quantity of medication being requested. Given the above, the request for CM4 caps 0.05% + Cyclo 4% (prescribed 12-10-14) is not medically necessary.