

<b>Case Number:</b>	CM15-0068225		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 57 year old male who sustained an industrial injury on 3/11/2013. His diagnoses, and/or impressions, include: lumbosacral strain with radicular symptoms; lumbar spondylolisthesis; lumbar disc herniation; cervical strain with headaches; thoracic sprain; left shoulder tendonitis; and osteoarthritis at left "GHJ". The most recent magnetic resonance imaging studies were noted to have been for the left shoulder and lumbar spine, and done on 7/11/2013. His treatments have included a left translaminar lumbar epidural with epidurography (12/29/14); physical therapy for the left shoulder and lower back - effective; Cortisone injection therapy for the left shoulder; lumbar epidural steroid injection therapy; modified work duties; and medication management. The progress notes of 7/23/2014 noted complaints of increased pain in the left shoulder and neck, and radiating low back pain, improved on medications. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the cervical spine and Ultracet for pain.

### 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, MRI.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine without contrast is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are cervical strain; headache; left shoulder tendinitis; lumbar disc herniation L5 - S1; osteoarthritis at left glenohumeral humeral joint with subchondral cyst in the inferior glenoid fossa; spondylolisthesis L4 - L5 and thoracic sprain. The documentation does not contain plain radiographs cervical spine. Plain radiographs are a required prelude to an MRI. Documentation, according to a progress note dated February 25, 2015, states the injured worker has reduced sensation in the left upper extremity upon neurologic examination. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are required. The treating physician needs to be more specific. It is unclear whether this is neuropathy, in part, or radiculopathy involving a specific nerve root. Multiple nerve roots innervate the upper extremities and a description "reduce sensation in the left upper extremity" is insufficient. Consequently, absent clinical documentation with cervical spine radiographs and a detailed neurologic evaluation, MRI cervical spine without contrast is not medically necessary.

**Ultracet #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultracet #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical strain; headache; left shoulder tendinitis; lumbar disc herniation L5 - S1; osteoarthritis at left glenohumeral humeral joint with subchondral cyst in the inferior glenoid fossa; spondylolisthesis L4 - L5 and thoracic sprain. The documentation in the medical record shows the injured worker was using Ultracet as far back as July 23, 2013. The documentation, according to a February 25, 2015 progress note, does not contain a VAS subjective pain scale. There is no documentation in the medical record evidencing objective functional improvement with ongoing Ultracet. There were no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There has been no attempt at weaning Ultracet in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement, and attempt to wean, detailed pain assessments and risk assessments with ongoing long-term Ultracet, Ultracet #60 is not medically necessary.