MAXIMUS Federal Services

Case Number:	CM13-0006905		
Date Assigned:	07/23/2014	Date of Injury:	02/27/2012
Decision Date:	10/23/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60 year old male who was injured on 09/27/2010. The patient underwent posterior thoracolumbar instrumented fusion T11-L5; removal of previous hardware L2-L4; posterior lumbar interlaminar microdecompression; medial facetectomy and foraminotomy on 02/25/2014. Diagnostic studies reviewed included MRI of the lumbar spine dated 02/26/2014 revealed bilateral pedicle screws between T11 and L4 and a right unilateral L5 pedicle screw. There is no evidence of central canal compromise or fracture of the lumbar spine. Spine note dated 05/28/2014 documented the patient to have complaints of radicular pain in the L5 distribution and some S1 as well. He reported his pain is worse with standing, walking, and sitting. Objective findings on exam revealed a guarded range of motion and pain with lateral bending. Straight leg raise is positive. Deep tendon reflexes are hypoactive in the knee, hypoactive in ankle, and absent in ankle jerk. The patient is diagnosed with lumbar radiculitis down L5 distribution presumably due to persistent foraminal stenosis as seen on the latest imaging at L4-5 and some right L5-S1. Prior utilization review dated 07/21/2014 states the request for X-rays of the thoracic and lumbar spine is denied as it is not medically necessary and Ketamine cream 3 refills is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the thoracic and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar and thoracic, Radiography (x-rays)

Decision rationale: ODG guidelines do "not recommend routine x-rays in the absence of red flags... Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks..." In this case standing X-rays of the thoracic and lumbar spine are requested to evaluate thoracolumbar scoliosis in a 59-year-old male with known thoracic scoliosis status post T11-L5 fusion on 2/25/14. However, the patient already had thoracic spine x-rays in March 2014 along with thoracic and lumbar spine CT scans on 5/22/14. No detailed rationale or discussion, in light of the patient's extensive history of spine imaging, is provided to support this request. Given the above medical necessity is not established.

Ketamine cream 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: According to MTUS guidelines, topical ketamine is under study. It is "only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined." In this case a request is made for ketamine cream for a 59-year-old male with chronic back status post multi-level fusion. However no detailed rationale or discussion is provided. There is no mention of failure of first-line medications for neuropathic pain. There is no diagnosis of CRPS I or post-herpetic neuralgia. Given the above medical necessity is not established.