

Case Number:	CM13-0009387		
Date Assigned:	11/01/2013	Date of Injury:	01/12/2004
Decision Date:	01/16/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 underlying date of injury in this case is 01/12/2004. The primary diagnosis is 722.52 or lumbar disc degeneration. The patient's diagnosis is status post a 2-level lumbar fusion. An initial physician review noted that the patient is a 51-year-old woman who is status post a lumbar decompression and fusion at L4-5 and L5-S1. The patient has a history of removal of a bone stimulator on 02/25/2011. CT of the lumbar spine on 03/15/2012 demonstrated postoperative changes of the patient's fusion with minimal anterolisthesis at L5-S1 and some neural foraminal narrowing at L3, L4, and L5. The initial physician review notes that this patient had undergone a CT scan of the lumbar spine in March 2012 and recently underwent electrodiagnostic studies of the bilateral lower extremities which showed findings that could be related to the patient's past surgery. That review indicated that, given the absence of any substantial new findings, the guidelines did not support an indication for additional lumbar plain films or MRI imaging of the lumbar spine. It also concluded that Terocin lotion was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain relief lotion, 4oz.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical Analgesics Page(s): 111.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Topical Analgesics, page 111, states, "The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records do not provide information consistent with these guidelines to support a rationale or proposed mechanism of action for Terocin. This request is not medically necessary.

7-view X-rays of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter and Lumbar Chapter.

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

Decision rationale: ACOEM Guidelines, Chapter 12 - Low Back, page 303, states, "Lumbar spine x-rays 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." The medical records in this case do not provide an alternate rationale as to why lumbar spine films would be indicated after extensive past imaging without any clear red flags that have changed in the patient's history or exam. This request is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: ACOEM Guidelines, Chapter 12 Low Back, page 309, recommend MRI imaging "when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative." The medical records do not indicate that there are red flags to support an indication for MRI imaging. This patient has had extensive past imaging. There is no fundamental change documented in the patient's history or physical exam to suggest an indication for a lumbar MRI at this time. This request is not medically necessary.