

Case Number:	CM13-0047257		
Date Assigned:	12/27/2013	Date of Injury:	11/09/2011
Decision Date:	02/14/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

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 Spine Surgery and is licensed to practice in New York. 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 patient is a 67-year-old woman who has been off work for nearly 2 years because of an injury. Physical examination shows no objective evidence of any neurologic deficit which is progressive. He was also no red flag findings. The patient has a past medical history motor vehicle accidents leading to spinal fusion surgery. Her date of injury was November 9, 2011. She is status post thoracolumbar fusion. Her main complaints include low back pain radiating to the buttock with numbness and tingling in her feet. On physical examination the patient has a normal gait. She has tenderness to palpation of the spine with decreased range of motion of the spine in all planes. Straight leg rising is positive bilaterally. There is decreased sensation in the feet but no muscle weakness in the bilateral lower extremities. Deep tendon reflexes are normal. At issue is whether additional imaging studies of the patient on necessary at this time. Also at issue is whether additional workup and treatment measures are necessary at this time. Five-view spine x-rays were performed in December 2011. He indicated status post T12-L2 posterior spinal fusion. Moderate compression fracture of L2 age indeterminate. Mild degeneration at L3-4. Patient had an MRI in February 2012 which demonstrated moderate compression fracture of L1. Mild central stenosis at L1. Multilevel discogenic disease. Mild canal stenosis at L3-4 and L4-5. Patient has had physical therapy, medications, and therapeutic facet blocks in the lumbar spine. Patient has documentation in the chart that no further neurosurgical care as needed. The patient has been also referred for pain management treatment. ç

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for CT scan 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) - Procedure Summary- Low back

Decision rationale: Additional CT scan imaging is not necessary at this time. The patient has had x-rays and an MRI already. There is no acute change in the patient's neurologic findings or low back presentation since the x-rays and the MRI. In addition, the patient has no red flag indicators for spinal imaging. Guidelines for CT scan are not met.

Decision for MRI 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) - Procedure Summary- Low back

Decision rationale: There are no new red flag findings were evidence of progressive neurologic deficit. The patient is early had an MRI. Criteria for MRI imaging are not met. Since the patient's presentation has not changed his previous MRI, there is no medical necessity for another MRI at this time.

Decision for EMG/NCS lower extremities: 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) - Procedure Summary- Low Back

Decision rationale: This patient does not reestablish criteria for EMG or nerve conduction testing. Specifically, the patient does not have a documented radiculopathy in the bilateral lower extremities. Physical examination does not show any evidence of specific radiculopathy. Motor examination and reflexes are normal in the bilateral lower extremities. Specific sensory deficit in a dermatomal pattern is not described. In addition, the patient imaging studies do not show any evidence of nerve root compression. Criteria for EMG NCS are not met.

Decision for X-rays thoracolumbar spine including Flexion and Extension views: 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 Medical Treatment Guideline or Medical Evidence: MTUS Low Back Chapter

Decision rationale: Repeat x-rays of the lumbar spine and thoracic spine or not medically necessary at this time. Specifically, the patient has had MRI imaging and five-view x-ray series are ready. There is no new neurologic findings, no red flag findings, and no documentation on the part of the patient's neurosurgeon that additional care as needed. In fact, the patient has a neurological surgical consultation that says treatment from neurosurgery he is no longer necessary. The patient has been referred to pain management. Since there is no acute change in the patient's presentation since previous imaging studies, there is no need for repeat x-rays at this time. Criteria for additional imaging are not met

Decision for Medrox Patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Any compounded product that contains at least one drug that is not recommended is therefore not recommend. At least 2 of the ingredients in Medrox patches are not recommended. Guidelines for use are not met.

Decision for Flurbiprofen 20% Gel 120mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: MTUS guidelines state that there is little evidence to utilize topical NSAID's for the treatment of osteoarthritis of the spine.

Decision for Retrospective Urine Drug Test (DOS 10/4/2013): Overturned

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)

Decision rationale: This patient has chronic back pain after thoracolumbar fusion surgery. The patient has been recommended to seek treatment in the pain management center. ODG guidelines indicate that urine drug screen testing is recommended prior to initiating chronic opioid therapy. There should be documentation of addiction screening test using formal screening cervical and records prior to initiating treatment. Since this patient has chronic back pain that has been refractory to other conservative measures, a urine drug screen procedure prior to initiating chronic narcotic treatment is appropriate.