

<b>Case Number:</b>	CM14-0131944		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/10/2004
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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:

There were 190 pages provided for review. The application for independent medical review was signed on August 18, 2014. It was for a preoperative MRI of the lumbar spine, home health to assist in activities of daily living and Norco. Per the records provided, this is a 56-year-old female patient who was injured back in the year 2004. In June 2014, she presented for low back pain radiating into both legs with numbness and tingling right more than the left. There was cervical spine pain radiating to both arms. The patient was unable to perform activities of daily living. There was lumbosacral tenderness to the paraspinals and decreased range of motion secondary to pain. There was positive straight leg raising and cervical spine tenderness. There is a positive Spurling sign. Treatment to date has included medicines and activity modification. The home health will assist in activities of daily living. For the home health aide, the previous reviewer noted the doctor must decide that you need medical care at home. The claimant would need at least one of the following: intermittent skilled nursing care, physical therapy or other forms of therapy and the patient must be home bound. There is no documentation that the patient is homebound on a part-time or intermittent basis or that the patient requires recommended medical treatment and homemaker services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative 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, Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

**Decision rationale:** Although there is subjective information presented in regarding increasing pain, there are scant accompanying physical signs. The case would therefore not meet the MTUS ACOEM criteria for lumbar magnetic imaging, due to the lack of objective, unequivocal neurologic physical examination findings documenting either a new radiculopathy, or a significant change in a previously documented radiculopathy. The guidelines state: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Presumably, the surgical lesions are well established before there is a decision for surgery; the role for a pre-operative MRI then is not clear. The request is not medically necessary.

**Home Health to Assist in Activities of Daily Living: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter and on the Non-MTUS website, <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Home Health Services.

**Decision rationale:** The Official Disability Guidelines notes regarding home health services: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. These recommendations are consistent with Medicare Guidelines. (CMS, 2004). I did not find documentation that this claimant was homebound, and that the services were needed to provide medical services. The request is considered not medically necessary.

**Norco 10/325mg # 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81 and 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**Decision rationale:** In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary.

**Doral 15mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation PDR (Physicians' Desk Reference).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

**Decision rationale:** Regarding benzodiazepine medications, the Official Disability Guidelines notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is considered not medically necessary.

**Ultram 150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81 and 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 13, 83, 113.

**Decision rationale:** Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. Therefore, this request is not medically necessary.

**Pain Management Consultation regarding possible Cervical Epidural Steroid Injection (ESI):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter and on the Non-MTUS AMA Guides.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** ACOEM Guidelines, Chapter 7 states that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult for the cervical ESI fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. Therefore, this request is not medically necessary.

**Right L4-L5 & L5-S1 microdiscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Low Back Chapter and on the AMA Guides.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, under Discectomy/laminectomy.

**Decision rationale:** The MTUS is silent on this procedure. In the Official Disability Guidelines, the reader is referred to Discectomy/Laminectomy, which notes an exhaustive array of symptoms, objective findings, imaging study requirements, conservative treatment requirements that this claimant simply does not meet. The request is considered not medically necessary.