

Case Number:	CM14-0156288		
Date Assigned:	09/25/2014	Date of Injury:	10/14/2012
Decision Date:	10/27/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 10/14/12. A utilization review determination dated 9/23/14 recommends non-certification of lumbar spine MRI, donut cushion, and DNA medicated kit. 9/15/14 medical report identifies improvement in back pain since the recent injection at L4-5 and residual back and tailbone pain. "Tailbone coccyx injection" 5/21/14 gave minimal help. On exam, there was tenderness over the low back area at the L5-S1 facet joints and over the coccyx and tailbone area. ROM was limited with 5-/5 strength in gastrocsoleus bilaterally. SLR at 60 degrees of extension on the right side radiates into the lateral thigh and leg. The provider noted that the most recent MRI "did not go through and slice through the L3 pedicle! Therefore, I do need an updated MRI that actually visualizes the L3 pedicle on the right side. I will order an MRI with specific attention to the right L3 pedicle. This needs to be followed up obviously." He also noted that the tailbone/coccyx [presumably injection] was minimally helpful and it was therefore felt that the more likely pain sources are the facets and annular tear at L4-5. Recommendations included a new MRI of the lumbar spine, a donut cushion, and a DNA medicated kit to identify a genetic predisposition to tolerance, dependence, or misuse of prescription narcotic pain medications. 6/30/14 lumbar spine MRI identifies broad-based disc bulges at L1-2, L3-4, and L4-5 with facet arthropathy. Annular fissuring is noted at L4-5 and mild right neural foraminal narrowing at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI- 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), Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for MRI lumbar spine, CA MTUS does not specifically address repeat MRIs. ODG cites that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, the provider notes the need for the repeat MRI is due to the prior MRI not visualizing the L3 pedicle. However, the clinical findings do not appear to suggest any pathology at L3 being a significant pain generator, as there is only mention of pain and tenderness at L5-S1 and lower, and there is no clear rationale presented for additional study of the L3 pedicle other than a mention that it was not visualized well on MRI. In light of the above issues, the currently requested MRI lumbar spine is not medically necessary.

Donut Cushion: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/22519253>

Decision rationale: Regarding the request for a donut cushion, California MTUS and ODG do not address the issue. A search of the National Library of Medicine and other online resources reveals that these cushions are often utilized for relief from conditions such as coccygeal pain and hemorrhoids by relieving the pressure on that region of the body during sitting. Within the documentation available for review, the provider notes that an injection in the area of the coccyx was not particularly helpful and it was therefore felt that more likely pain sources are the facets and annular tear at L4-5. As the coccyx is not believed to be a significant pain generator after injection, there is no clear rationale for additional conservative treatment with a cushion. In the absence of clarity regarding the above issues, the currently requested donut cushion is not medically necessary.

DNA Medicated Kit 1x: 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), Pain Chapter, Cytokine DNA Testing, Genetic testing for Potential Opioid Abuse

Decision rationale: Regarding a request for DNA medicated test, California MTUS and ACOEM do not contain criteria for this request. ODG states that genetic testing for potential opioid abuse is not recommended as current research is experimental, studies are inconsistent with inadequate statistics and large phenotype range, different studies use different criteria for definition of controls, and more work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. In light of the above issues, the currently requested DNA medicated test is not medically necessary.