

Case Number:	CM14-0157906		
Date Assigned:	10/01/2014	Date of Injury:	06/12/2003
Decision Date:	12/22/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 60 year-old patient sustained an injury on 6/12/2003 while employed by [REDACTED]. Request(s) under consideration include 1 CT scan of the lumbar spine and 1 prescription of Tramadol 50mg #120. Diagnoses include Lumbar Disc Displacement s/p L4-5 fusion on 6/23/11 and bone stimulator removal on 5/24/12. Conservative care has included medications, therapy, injections, chiropractic treatment, acupuncture, and modified activities/rest. A report of 9/4/14 from the provider noted the patient with chronic ongoing worsening low back and left groin symptoms rated at 7/10 associated with leg soreness and right thigh numbness. The patient was able to walk a mile without medications. Since the ESI on 5/23/14, there is reported less severe pain with leg complaints improved along with medication treatment of Tramadol providing 70-80% of relief. Exam showed lumbar spine with TTP and spasm at right paraspinal region and right sciatic notch with increased numbness down right leg; diffuse diminished sensation at right L4, L5, and S1 dermatomes; motor strength of 5-/5 throughout and 4+/5 at right tibialis anterior with positive SLR bilaterally. The request(s) for 1 CT scan of the lumbar spine was non-certified and 1 prescription of Tramadol 50mg #120 was modified for weaning on 9/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Per ACOEM Treatment Guidelines for Low Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested CT scan of the Lumbar Spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the CT scan of the Lumbar spine nor document any specific changed or progressive neurological clinical findings to support repeating this imaging study per multiple submitted reports. There is no documented acute-flare up, defined progressive deficits, ADL limitations, or report of any new injury to support repeating the imaging study for this chronic injury of 2003. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The 1 CT scan of the lumbar spine is not medically necessary and appropriate.

1 prescription of Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent

severe pain for this chronic injury without acute flare, new injury, or progressive deterioration.
The 1 prescription of Tramadol 50mg #120 is not medically necessary and appropriate.