

Case Number:	CM14-0159935		
Date Assigned:	10/03/2014	Date of Injury:	04/28/2002
Decision Date:	11/03/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

The injured worker is a 48-year-old male who has submitted a claim for anterior cervical disc herniations at C5-6 and C6-7, cervical degenerative disc disease at C4-5 and C5-6, moderate C5 and C6 radiculopathy, C7 radiculopathy, and lumbar facet syndrome associated with an industrial injury date of 04/28/2002. Medical records from 01/31/2012 to 08/22/2014 were reviewed and showed that injured worker complained of chronic neck pain with numbness in arms and low back pain radiating down gluteal regions. Physical examination of the cervical spine revealed decreased cervical ROM, hypesthesia along right ulnar nerve distribution, weakness of intrinsic muscles of the hands, and intact DTRs of upper extremities. Physical examination of the lumbar spine revealed tenderness over L3-S1 posterior spinous processes and paraspinal muscles decreased ROM, hypesthesia along right L4 dermatomal distribution, and positive SLR test on the right. Evaluation of motor strength and DTRs of lower extremities were not made available. X-ray of the cervical spine (05/06/2014) revealed solid fusion at C5-6 and C6-7. X-ray of the lumbar spine (07/15/2014) revealed intact L3-4 fusion. EMG/NCV of upper extremities dated 07/02/2013 revealed right C7 active radiculopathy and mild bilateral carpal tunnel syndrome. Of note, there was no documentation of recent trauma or osteoporosis. Treatment to date has included anterior cervical fusion surgery (11/09/2013), repeat L3-4 lumbar laminectomy (04/11/2008), lumbar laminectomy (date unavailable), Vicodin ES 7.5mg #120 (prescribed since 01/31/2012), right cervical ESI (09/17/2013), 12 sessions of physical therapy, and other pain medications. Of note, there was no objective documentation of functional outcome from physical therapy and pain medications. Utilization review dated 08/29/2014 modified the request for Vicodin ES 7.5/300mg #120 with 3 refills to Vicodin ES 7.5/300mg #144 for the purpose of weaning. Utilization review dated 08/29/2014 denied the retrospective request for x-rays, 5 views of the lumbar spine, date of service 07/15/2014 because the lumbar x-

ray was not necessary as lumbar fusion surgery done on 2008 was clearly completely healed. Utilization review dated 08/29/2014 denied the request for 5 repeat cervical spine x-rays because 05/06/2014 x-rays revealed intact fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin Es 7.5/300mg #120 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As noted on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These outcomes over time should affect the therapeutic decisions for continuation. In this case, the injured worker was prescribed Vicodin ES 7.5mg #120 since 01/31/2012. However, there was no objective documentation of pain relief or functional improvement with Vicodin to support treatment extension. Therefore, the request for Vicodin ES 7.5/300mg #120 with 3 Refills is not medically necessary.

RETRO 5 X-Rays (Different Views) Of the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Radiography (x-rays)

Decision rationale: CA MTUS ACOEM states that "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 six weeks." However, it may be appropriate when the physician believes it would aid in patient management. In addition, according to ODG, indications for x-rays include lumbar spine trauma; uncomplicated low back pain due to trauma, steroids, osteoporosis, age > 70; myelopathy that is traumatic, painful, sudden in onset; or post-surgery, to evaluate the status of fusion. In this case, the injured worker complained of low back pain radiating down the gluteal region with history of previous repeat lumbar laminectomy (04/11/2008). However, physical exam findings did not include red flag signs. Moreover, there was no documentation of recent trauma or concurrent osteoporosis. There is no clear indication for lumbar spine x-ray at this time. Of note, a lumbar x-ray was already accomplished on 07/15/2014 with results of intact L3-4 fusion. Therefore, the request for retro 5 x-rays (different views) of the lumbar spine is not medically necessary.

5 Repeat Cervical Spine X-Rays: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Radiography

Decision rationale: As stated on pages 179 to 180 of CA MTUS ACOEM guidelines, imaging studies are supported with red flag conditions; 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 and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. ODG recommends x-rays as the first study for patients of any age with chronic neck pain and history of neck surgery. In this case, the injured worker complained of neck pain radiating down the arms. Physical findings include hypesthesia along right ulnar nerve distribution, weakness of intrinsic muscles of the hands, and intact DTRs of upper extremities. However, the injured worker's clinical manifestations were inconsistent with focal neurologic deficit to indicate specific neurologic compromise. Moreover, there was no documentation of functional outcome from previous physical therapy to suggest progress failure in strengthening program. There is no clear indication for cervical spine x-ray at this time. Of note, a cervical spine x-ray was accomplished on 05/06/2014 with results of solid fusion at C5-6 and C6-7. Therefore, the request for 5 repeat cervical spine x-rays is not medically necessary.