MAXIMUS Federal Services

Case Number:	CM14-0020742		
Date Assigned:	04/30/2014	Date of Injury:	01/04/2005
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Interventional Spine 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 patient is a 54-year-old male with date of injury of 01/04/2005. Per treating physician's report 02/03/2014, chief complaints include: 1.Overall significant worsening back pain, midback pain, and neck pain. 2.Worsening leg pain and foot pain. The patient feels that his condition has deteriorated and unfortunately, has run out of medications. He sees a psychologist for depression and also states that he has bilateral hernias and these feel that they are getting worse. These started as a result of his lifting activities back when he was working. He also feels that his mid thoracic area has become worse. MRI of the cervical and lumbar spine reviewed and they were both from 07/01/2013. The listed diagnoses are: 1.C3 to C6 disk protrusions and stenosis. 2.Radiculopathies. 3.L2 to S1 disk protrusions. 4.Stenosis. 5.Facet syndrome and having had facet injections/medial branch blocks. 6.Thoracic disk herniation with pain to palpation on physical exam in the mid thoracic and palpable spasms and limited range of motion. Imaging studies are indicated. Recommendation was for continued use of medications and MRI of the thoracic spine. The patient is also being referred to a general surgeon for evaluation of the inguinal hernias. I have a report from 03/27/2013, the patient presents with low back pain, the patient has had hernia surgery at [redacted] on 10/22/2012 on the left side, which did not help him with his low back pain and the patient would like to make that clear. The report describes no pain scales, no discussion regarding patient's functional level. The treating physician did run a CURES report, which showed that the patient was not filling the prescription being provided. The treating physician indicated that no more opioid prescription will be prescribed by him to this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303-304; 177-178.

MAXIMUS guideline: Decision based on American College of Occupational and Environmental Medicine Guidelines (ACOEM), Chapter 8, page 177,178 under Special Studies and Diagnostic and Treatment Considerations; and the Official Disability Guidelines (ODG) Under the Neck/Upper back chapter.

Decision rationale: This patient presents with persistent thoracic pain, which popped up sometime after March 2013 as [redacted] report from 03/27/2013 does not report thoracic pain. However, 02/03/2014 report describes persistent mid thoracic pain. No radicular symptoms in the thoracic cage are noted. The treating physician has asked for MRI of the thoracic spine. ACOEM Guidelines under upper back and neck chapter, does not support MRIs unless red flags are present, and there is physiologic evidence of tissue injury and neurologic deficits. ODG Guidelines also do not recommend MRIs for chronic neck/upper back condition unless there are neurologic signs or symptoms present. In this case, there are no neurologic signs or symptoms of disk herniation or stenosis of the thoracic spine. Examination did not show any signs of myelopathy or upper tract signs, and the patient's presenting symptoms do not include any radiating symptoms in the thoracic cage. In this situation, MRI is not supported. Recommendation is for denial.

NORCO 10/325MG #90 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with chronic pain in neck, thoracic, and low back areas. There is a prescription for Norco 10/325 #90. Unfortunately, only 2 progress reports were provided for this review along with several AME reports. The treating physician reports by 2 different physicians do not include any discussion regarding pain levels from the use of medications, or any specific activities of daily living that have significantly improved from use of medications. In fact, 03/27/2013 report by [redacted] has stopped prescribing opiates on this patient who presented with inconsistent CURES report. The other treating physician report from 02/03/2014 also does not discuss any overall pain assessment for before and after levels, and there are no discussion regarding any activities of daily living. MTUS Guidelines page 78 require documentation of 4As, analgesia, activities of daily living, aberrant drug seeking behavior, aberrant effects when opiates were used for chronic pain. In this case, none of these informations are provided. Recommendation is for denial.

REFERRAL TO GENERAL SURGERY FOR INGUINAL HERNIA: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92.

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 Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

Decision rationale: This patient presents with bilateral low back and bilateral groin pains. The patient apparently has had left inguinal surgical release without much improvement in the past. The patient continues to be symptomatic and the treating physician has asked for referral to general surgeon. ACOEM Guidelines page 127 does support referral to specialists for complex cases. This patient has had persistent bilateral inguinal pain possibly due to inguinal hernias. Referral to a general surgeon for consultation evaluation is medically appropriate. Recommendation is for authorization.