

Case Number:	CM14-0034790		
Date Assigned:	06/20/2014	Date of Injury:	06/23/2008
Decision Date:	07/25/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/20/2014

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 General Surgery and is licensed to practice in . 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 claimant is a 36-year-old female who sustained an injury on 06/23/08. Prior treatment included medications, physical therapy, trigger point injections, acupuncture and unsuccessful spinal cord stimulator trial. The claimant was placed in a rehabilitation program as of 02/15/14 to control the medication use and wean off opioids slowly. The prior surgeries included L4-L5 laminectomy, discectomy and removal of free fragment on 05/14/11 and lumbar posterior fusion on 05/23/11. A lumbar MRI on 03/16/12 and again on 05/29/13 revealed L3-L4 and L4-L5 disc space narrowing and metal fixation between spinous processes of L3-L4 and L4-L5. A thoracic MRI obtained on 05/29/13 was unremarkable. A recent evaluation on 6/04/14 indicated the patient had pain throughout her spine. The patient mentioned she was now pregnant and would like to come off her medications and obtain MRI of the lumbar and thoracic spine, if possible. Thoracic spine examination revealed normal ROM, no pain with movement or positioning and paraspinal muscle tone within normal limits. Lumbosacral spine examination revealed trigger points at the upper outer quadrant of the buttocks, decreased tone due to the prior surgery, atrophy of paraspinal muscles, a positive SLR test on the right, minimal SI joint tenderness bilaterally, diminished patellar and ankle reflexes. The diagnoses were spinal enthesopathy, spasm of muscle, lumbago, sacroiliitis, postlaminectomy syndrome, lumbar region, lumbosacral spondylosis without myelopathy, chronic pain syndrome, nondependent abuse of drugs and tobacco abuse disorder. The patient was recommended methadone 10 mg and clonazepam was stopped. The plan was made for neuromodulation, implantation of spinal cord or peripheral nerve stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Thoracic Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Chronic Pain Treatment Guidelines Opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, MRI.

Decision rationale: The claimant has had previous Thoracic MRI 5/29/13 was noted to be unremarkable. There are no new neurologic deficits noted in any of the documentation to warrant a repeat study. Repeat studies are medically necessary when there are new objective deficits. The claimant has had subjective pain persistent throughout her case. Furthermore, the claimant has been prescribed narcotic pain medications for which she has had urine drug screening. There are UDS which reveals Oxycodone and Morphine present without notation that it was prescribed. This may be due to omission by the office in recording the current prescriptions. More problematic are the urine drug screens that note that Kadian, Klonopin and Oxycodone have been prescribed but none are detected. This undermines the claimant's assertions that the pain medications are inadequate and there is persistent pain despite compliance with medication management. In light of these factors, the repeat thoracic MRI remains not medically necessary and in deviation from ACOEM/CAMTUS and ODG guidelines.

1 Lumbar Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007) pg 53. Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, Chronic Pain Treatment Guidelines Opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI.

Decision rationale: The claimant has had previous Lumbar MRIs of 3/16/12 and 5/29/13 were noted to be stable with disc space narrowing. There are no new neurologic deficits noted in any of the documentation to warrant a repeat study. Repeat studies are medically necessary when there are new objective deficits. The claimant has had subjective pain persistent throughout her case. Furthermore, the claimant has been prescribed narcotic pain medications for which she has had urine drug screening. There are urine drug screen of 1/10/14 which reveals Oxycodone and Morphine present without notation that it was prescribed. This may be due to omission by the office in recording the current prescriptions. More problematic are the urine drug screen of 12/13/13 that note that Kadian, Klonopin and Oxycodone have been prescribed but none are

detected. This undermines the claimant's assertions that the pain medications are inadequate and there is persistent pain despite compliance with medication management. This deviation is not discussed or explained in any subsequent office note. Finally, there is documentation on 12/13/13 that the claimant had failed a SCS trial as it caused greater pain. However, subsequent office notes refer to implantation of SCS. It is not clear why this is being pursued but Lumbar MRI in preparation of SCS implantation is not medically necessary as SCS trial was reported as a failure on 12/13/13. In light of these factors, the repeat Lumbar MRI remains not medically necessary and in deviation from ACOEM/CAMTUS and ODG guidelines.