MAXIMUS Federal Services

Case Number:	CM14-0054633		
Date Assigned:	07/07/2014	Date of Injury:	04/02/2009
Decision Date:	08/28/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational Medicine 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 patient is a 52-year-old male who has submitted a claim for lumbar fusion failure L3-L4, L4-L5 associated with an industrial injury date of April 2, 2009. Medical records from 2013-2014 were reviewed. The patient complained of low back and bilateral hip pain. The pain radiates to both legs all the way towards the bottom of the feet, right worse than the left. The low back pain was piercing in character. Physical examination findings were not available. Magnetic resonance imaging (MRI) of the lumbar spine, dated April 18, 2014, revealed progressive discogenic changes at the L2-L3 level with progressive facet arthropathy, uncovertebral bony changes and circumferential bulging disc resulting in moderate to severe central and asymmetric right lateral foraminal stenosis, stable postoperative changes at L3-L4 and L4-L5 level, and mildly circumferential broad-based bulge at L5-S1 without true disc protrusions and no neural compromise. X-ray of the lumbar spine four views, dated April 18, 2014, showed decrease in disc height at L2-L3 and minimal anterior listhesis of 2mm, no significant change in the appearance of the fused bone graft of the posterior elements at L3-L4, and no interval change in the lack of fusion at L4-L5 posteriorly elements. Treatment to date has included Norco, Soma, activity modification, and lumbar fusion surgery. Utilization review, dated April 15, 2014, denied the requests for MRI lumbar spine with and without contrast and x-rays, all views, lumbar spine because there was no documentation of symptomatic complaints with concordant objective neurological deficits suggestive of significant lumbosacral pathology that would support further evaluation; and denied the request for Tramadol because the quantity requested has not been specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine with and without contrast Quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Integrated treatment.

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, MRI.

Decision rationale: As stated on pages 303-304 of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) referenced by California Medical Treatment Utilization Schedule (MTUS), imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends magnetic resonance imaging (MRI) for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, MRI of the lumbar spine was done last April 18, 2014 which revealed progressive discogenic changes at the L2-L3 level with progressive facet arthropathy, uncovertebral bony changes and circumferential bulging disc resulting in moderate to severe central and asymmetric right lateral foraminal stenosis, stable postoperative changes at L3-L4 and L4-L5 level, and mildly circumferential broad-based bulge at L5-S1 without true disc protrusions and no neural compromise. In the recent clinical evaluation, the patient still complains of low back pain and lower extremity symptoms. However, the documentation did not describe any significant worsening of symptoms. There was also no discussion regarding failure to respond to treatment or future surgical plans. There is insufficient information to warrant a repeat lumbar MRI at this time. Therefore, request for MRI of the Lumbar Spine with and without contrast Quantity 1 is not medically necessary.

X Rays all views lumbar spine Quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Integrated treatment.

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: California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (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 Official Disability Guidelines (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, patient complained of low back pain. X-ray of the lumbar spine four views was done on April 18, 2014 which showed decrease in disc height at L2-L3 and minimal anterior listhesis of 2mm, no significant change in the appearance of the fused bone graft of the posterior elements at L3-L4, and no interval change in the lack of fusion at L4-L5 posteriorly elements. Progress notes do not show recent surgery, or significant worsening of symptoms since previous lumbar imaging. There is no evidence of new injuries that may support utilization of X-rays. Furthermore, a lumbar MRI was done on April 18, 2014. It is unclear as to why a lumbar x-ray is necessary at this time. Therefore, the request for X Rays all views lumbar spine Quantity 1 is not medically necessary.

Tramadol per 04/01/2014 Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

Decision rationale: According to page 93-94 and 113 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been complaining that Norco gives him an upset stomach and chest pain. Tramadol was prescribed instead. It is not known whether the patient is already taking Tramadol since recent progress report dated June 13, 2014 state that the patient is still taking Norco 3-4 per day. Tramadol may be medically necessary in this case because of the side effects of Norco. However, the present request failed to specify the dosage to be dispensed. Furthermore, the quantity requested is not sufficient to establish pain relief. Therefore, the request for Tramadol per 04/01/2014 Quantity 1 is not medically necessary.