MAXIMUS Federal Services

Case Number:	CM14-0064646		
Date Assigned:	07/11/2014	Date of Injury:	03/18/2010
Decision Date:	09/08/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/07/2014

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:

The injured worker is a 58-year-old male who reported an injury on 03/18/2010. The injury reportedly occurred when he was hit with a 25-pound rock. He sustained injuries to his lower back, neck and bilateral shoulders. The injured worker's treatment history has included physical therapy, over-the-counter medication, and prescription medication. The injured worker was evaluated on 03/20/2014, and it was documented that the injured worker complained of cervical, thoracic, and lumbar spine pain. The objective findings listed included tenderness to palpation over the spine and extremities and paralumbar tenderness to palpation. Also, Kemp's test left/right, straight leg raise test left/right, and Fabere left/right were positive for pain. The range of motion exam of the cervical spine showed flexion was 20/45 degrees, extension was 30/45 degrees, left/right lateral flexion was 30/45, left/right rotation was 35/60 degrees, and all diffuse with pain. Lumbar spine range of motion was flexion 10/80 degrees, extension was 15/25 degrees, left/right lateral flexion was 20/35 degrees, left/right lateral rotation was 15/30, and all diffuse with pain. His diagnoses include cervical intervertebral disc displacement without myelopathy, thoracalgia, thoracic intervertebral disc displacement without myelopathy. Within the documentation submitted, the provider noted the injured worker had undergone an MRI of the cervical spine that revealed C3-4 and C4-5 intervertebral disc syndrome and neural impingement. However, those imaging findings were not submitted for this review. The injured worker's medications include Norco 10/325 mg. A request for authorization dated 03/20/2014 was for Morphine 75mg, MRI of the lumbar spine, MRI of the cervical spine, epidural steroid injection to the lumbar spine, epidural steroid injection to the cervical spine, and another medication (name illegible) 4mg. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 75mg (unspecified quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 86, and 124.

Decision rationale: The request for Morphine 75 mg, unspecified quantity, is not medically necessary or appropriate. The California MTUS guidelines recommend ongoing review of opioid use, with documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, and average pain, as well as intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend that providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There were not any complaints of side effects as the side effects were not discussed in the examination. There is a lack of documented evidence of pain relief. There is a lack of documentation indicating the injured worker has had significant objective functional improvement with the medication. There was not a urine drug screen provided to monitor for aberrant behaviors and compliance with the medication regimen. The California MTUS guidelines recommend that dosing not exceed 120mg oral morphine equivalents per day. It was documented the injured worker was going to start a trial dose of Norco as well. The provider failed to discuss assessment for aberrant and/or non-adherent drug-related behaviors. In addition, the provider failed to provide outcome measurements of conservative care measures, such as prior physical therapy sessions and medication pain management. Additionally, the request as written failed to indicate frequency, duration, and quantity for the usage of Morphine. Therefore, the request for Morphine 75mg, is determined to be not medically necessary.

MRI (Magnetic Resonance Imaging) of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The request for Magnetic Resonance Imaging (MRI) of the lumbar spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale offered for the request was to re-evaluate and rule out a lumbar disc syndrome. There was no report of re-injury noted. Furthermore, the injured worker's physical examination findings are consistent with no change in his current diagnoses. There is a lack of objective findings

identifying specific nerve compromise to warrant the use of imaging. There is also a lack of documentation to verify the failure of conservative measures. Additionally, there is no indication of red flag diagnoses or the intent to undergo surgery. Given the above, the request for MRI of the lumbar spine is determined to be not medically necessary.

MRI (Magnetic Resonance Imaging) of the cervical spine: 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): 177-179.

Decision rationale: The request for Magnetic Resonance Imaging (MRI) of the cervical spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. There were no outcome measurements from conservative treatment submitted for the injured worker. In addition, the injured worker had MRI previously, and the date or findings were not provided for this review. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. Given the above, the request is determined to be not medically necessary.

3 Epidural Steroid Injections (ESI) to the lumbar spine (unspecified level): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The requested injections are not medically necessary. The guidelines recommend epidural steroid injections as an option for the treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. To be a candidate for ESI, the patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There was a lack of documentation of a home exercise regimen, pain medication management, and prior physical therapy outcomes for the injured worker. Additionally, the request failed to indicate the levels for which epidural injections are requested. Given the above, the request for 3 epidural steroid injections to the lumbar spine (unspecified level) is not medically necessary or appropriate.

3 Epidural Steroid Injections (ESI) to the cervical spine (unspecified level): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The requested injections are not medically necessary. The guidelines recommend epidural steroid injections as an option for the treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. To be a candidate for ESI, the patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There was lack of documentation of a home exercise regimen, pain medication management, and prior physical therapy outcomes for the injured worker. Additionally, the request failed to indicate the levels for which epidural injections are requested. Given the above, the request for 3 epidural steroid injections to the cervical spine (unspecified level) is not medically necessary or appropriate.

Medication (name illegible) 4mg, quantity 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines Page(s): 88-89, 93. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS guidelines recommend the use of opioids for the on-going management of chronic low back pain. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, the request was illegible, so the requested medication and frequency could not be determined. Therefore, the request cannot be found medically necessary.