

<b>Case Number:</b>	CM14-0186916		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	04/02/2009
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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:

According to the records made available for review, this is a 53-year-old male with a 4/2/09 date of injury, and status post L3-5 fusion. At the time (10/20/14) of request for authorization for MRI of the lumbar spine and without contrast and Dilaudid 4mg, there is documentation of subjective (progressively worsening; low back pain and bilateral leg pain radiating all the way down with burning in the heels, walking limit is now less than 1 block) and objective (trouble rising from a sitting position, antalgic posture, limps when he walks, and has a forward lurch) findings. Lumbar spine MRI 4/16/14 report revealed progressive discogenic changes at the L2-3 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 the L3-4 and L4-5 level, mildly circumferential broad-based bulge at L5-S1 without true disc protrusions, there is no neural compromise identified. The current diagnosis is fusion failure. The treatment to date includes epidural steroid injection, activity modification and medications (including Norco). Medical report dated 10/6/14 identifies a request for new set of x-rays and MRI scan to assess the status of the fusion and the segments nearby. Regarding the requested MRI of the lumbar spine and without contrast, there is no documentation of a diagnosis/condition (with supportive objective findings) for which a repeat study is indicated (a change in the patient's condition marked by new or altered physical findings). Regarding the requested Dilaudid 4mg, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

### 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 and without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines - MRIs

**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) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Official Disability Guidelines identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnosis of fusion failure. In addition, there is documentation of a post-operative lumbar MRI (DOS 4/16/14) consistent progressive discogenic changes at the L2-3 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 the L3-4 and L4-5 level, mildly circumferential broad-based bulge at L5-S1 without true disc protrusions, there is no neural compromise identified. However, despite documentation that the patient is progressively worsening and subjective findings of low back pain and bilateral leg pain radiating all the way down with burning in the heels, walking limit is now less than 1 block, there is no documentation of a diagnosis/condition (with supportive objective findings) for which a repeat study is indicated (a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine and without contrast is not medically necessary.

**Dilaudid 4mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of fusion failure. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Dilaudid 4mg is not medically necessary.