

Case Number:	CM14-0200048		
Date Assigned:	01/27/2015	Date of Injury:	02/11/2004
Decision Date:	03/25/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, back, upper extremity, shoulder, arm, wrist, hand, finger, and lower extremity pain reportedly associated with cumulative trauma at work between the dates March 15, 2013 through February 11, 2004. In a Utilization Review Report dated November 14, 2014, the claims administrator denied a CT scan of the lumbar spine, approved a urology consultation, denied Norco, and denied a CT scan of the thoracic spine. The claims administrator referenced an appeal letter dated November 7, 2014 in its determination. The claims administrator stated that the applicant had had a prior CT scan in 2013, the results of which were not reported. The applicant's attorney subsequently appealed. In an appeal letter dated January 19, 2015, the attending provider noted that the applicant had ongoing issues with greater occipital neuralgia, multifocal trigger points, lumbar radiculopathy status post earlier lumbar diskography, lumbar facet syndrome, sacroiliac joint arthropathy, cervical diskopathy. The attending provider referenced a December 29, 2014 progress note in which had 8/10 low back pain radiating into the bilateral lower extremities. Tenderness was noted about the paraspinal musculature with hyposensorium noted about the C4 through T1 dermatomes and L4 and L5 dermatomes. The attending provider stated that the applicant had positive straight leg raising and muscle weakness about the arms. The attending provider stated that he was seeking authorization for MRI of the lumbar spine. In a January 15, 2015 progress note, another treating provider stated that the applicant had ongoing complaints of 8/10 low back pain radiating into the bilateral lower extremities and 7/10 left shoulder and left upper extremity pain. The

applicant also reported ancillary complaints of headaches. The applicant was not working, it was acknowledged. The applicant was using Norco for pain relief. The applicant exhibited a visibly antalgic gait. The applicant was using a cane to move about. The applicant exhibited a positive Spurling maneuver about the cervical spine. The applicant apparently exhibited difficulty with heel and toe ambulation secondary to pain. The applicant was status post earlier lumbar spine surgery, the attending provider noted. The attending provider also stated that the applicant had a C5-C6 herniated disk. CT imaging of the lumbar and thoracic spines were sought. The attending provider stated that he was requesting CT scanning to determine the integrity of lumbar fusion hardware. The attending provider alluded to the applicant's using a cane in several sections of the note. The attending provider did state that the applicant's pain complaints were confined to the cervical and thoracic spines. Topical compounds were endorsed. The applicant's work status was not stated, although it did not appear that the applicant was working. On December 29, 2014, the applicant was given refills of Norco and Elavil. The applicant was again described as having ongoing complaints of cervical and lumbar spine pain, with radiation of pain to the bilateral lower extremities. The applicant was reportedly in significant distress secondary to pain. Multiple palpable tender points were noted. Hyposensorium was noted about L4-L5 with tenderness and spasm noted about the cervical paraspinal musculature. Diminished left lower extremity strength was noted in some muscle groups, along with positive straight leg raising. MRI imaging of the lumbar and cervical spines were sought by this particular provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation low back chapter on CT

Decision rationale: This patient presents with cervical spine and lumbar spine pain. The treater is requesting A CT SCAN OF THE LUMBAR SPINE. The RFA dated 11/10/2014 shows a request for CT scan of the lumbar spine. The patient's date of injury is from 02/11/2004, and her current work status is TTD. The ACOEM Guidelines page 309 under CT or MRI states that it is recommended when cauda equine tumor, infection, fracture are strongly suspected, and plain film radiographs are negative. ODG states that it is not recommended except for the following indications: equivocal or positive plain films with no neurologic deficit; trauma in the lumbar spine; neurological deficit in the lumbar spine; infectious disease patient, et cetera. The records show that the patient has not had any CT scan of the lumbar spine in the past. The 09/26/2014 report shows that the patient complains of neck pain radiating to the bilateral shoulders, hands, with numbness and tingling. The patient also complains of low back pain radiating down the bilateral legs up to the right foot and left knee with weakness and numbness. There is severe tenderness to palpation with spasm over the paracervical musculature and suboccipital region over the trapezius muscles. There is decreased sensation along the C4 through T1 dermatomes bilaterally. Tenderness and spasm noted over the paraspinals of the lumbar spine. Straight leg

raise is positive bilaterally. Decreased sensation noted along the bilateral L4 and L5 dermatomes. Given the patient's significant clinical findings, the request for a CT scan of the lumbar spine is warranted. The request IS medically necessary.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Hydrocodone/Acetaminophen Page(s): 88-89, 76-78, 90.

Decision rationale: This patient presents with cervical spine and lumbar spine pain. The treater is requesting NORCO 10/325 MG, QUANTITY #30. The RFA dated 11/10/2014 shows a request for Norco 10/325 mg 1 p.o. q.4 to 6 hours, quantity #30. The patient's date of injury is from 02/11/2004, and her current work status is TTD. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, 'pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument.' MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The records show that the patient was prescribed Norco on 04/18/2014. The 10/31/2014 report notes that the patient's current pain is 7/10 to 8/10. None of the reports document before and after pain scales to show analgesia. There are no specific discussions regarding ADLs. There are no reported side effects and no aberrant drug-seeking behavior such as a urine drug screen and CURES report to show medication adherence. Given the lack of documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

CT scan of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation low back chapter on CT

Decision rationale: This patient presents with cervical spine and lumbar spine pain. The treater is requesting CT SCAN OF THE THORACIC SPINE. The RFA dated 11/10/2014 shows a request for CT scan of the thoracic spine. The patient's date of injury is from 02/11/2004, and her current work status is TTD. The ACOEM Guidelines page 309 under CT or MRI states that it is recommended when cauda equine tumor, infection, fracture are strongly suspected, and plain film radiographs are negative. ODG states that it is not recommended except for the following indications: equivocal or positive plain films with no neurologic deficit; trauma in the lumbar

spine; neurological deficit in the lumbar spine; infectious disease patient, et cetera. The 09/26/2014 report shows that the patient complains of low back pain radiating down the bilateral legs up to the right foot and left knee with numbness and weakness. It was noted that there is decreased sensation along the C4 through T1 dermatomes bilaterally. Aside from this statement, there is no discussion or examination of the thoracic spine. In this case, the patient does not meet the criteria based on the ACOEM and ODG Guidelines for a CT scan of the thoracic spine. The request IS NOT medically necessary.