

Case Number:	CM14-0213561		
Date Assigned:	12/31/2014	Date of Injury:	02/19/2004
Decision Date:	03/16/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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: Preventive Medicine, Occupational Medicine

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 62 year old male, who sustained an industrial injury on 2/19/2004. The injured worker has complaints of lower back pain with numbness in his left lower extremity. The documentation noted that he also has complaints of mild pain in both shoulders. He walks with a cane and favors his left lower extremity. He has tenderness over the lumbosacral spine as well as over the left paralumbar muscles; he has increased back pain upon the extremes of flexion and extension about his lumbar spine and straight left raise procedure was negative bilaterally. The diagnoses have included strain/sprain of the lumbar spine with disc bulging; strain/sprain of the cervical spine; status post bilateral carpal tunnel release; abdominal hernia; chronic strain/sprain bilateral shoulders; chronic impingement syndrome with rotator cuff tears, both shoulders; status post left shoulder subacromial decompression, distal clavicle resection and mini-pen rotator cuff repair; status post manipulation under anesthesia and arthroscopic lysis of adhesions left shoulder; status post right shoulder arthroscopy, decompression and mini-open rotator cuff repair; status post fracture of left long finger, status post open reduction internal fixation and status post anterior/posterior lumbar fusion L4-S1. Comorbid conditions include obesity (BMI 38), diabetes and hypertension. According to the utilization review performed on 11/19/2014, the requested lumbar spine hardware blockage blockade has been certified and the requested CT of lumbar spine and the lumbar topical cream has been non-certified. CA MTUS Chronic Pain Medical Treatment Guidelines and the ODG were used. The utilization review noted that there was not included transdermal analgesics that were systemic agents entering the body through a transdermal means. There was little evidence to utilize topical Non-Steroidal

Anti-Inflammatory Drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder and there was only one trial that tested 4% lidocaine for treatment of chronic muscle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Chapter, CT & CT myelography (computed tomography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nohh MR. Spinal fusion-hardware construct: Basic concepts and imaging review. World Journal of Radiology. 2012;4(5):193-207.

Decision rationale: Computed tomography (CT) scanning is a technology that uses computer-processed X-rays to produce tomographic images (virtual 'slices') of specific areas of the scanned object, that is, it basically allows the user to see inside the object without cutting the object open. It can be used for both diagnostic and therapeutic purposes. Whereas radiography is the mainstay imaging technique used for the postoperative imaging of spinal fusion, computed tomography (CT) is reported to be a more accurate modality. The crux of the matter for this patient is whether the need for the CT scan is before the trial nerve block that will define the need to proceed with hardware removal surgery. The CT imaging is not needed for and will not be used for the nerve block but rather will define the anatomy prior to the surgical removal of the hardware. Because of this, medical necessity for this procedure at this time has not been established.

Lumbar topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-13.

Decision rationale: The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. There is no product called "Lumbar Topical Cream". However, if the provider is going to prescribe a specific cream presently on the market it is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended" as there are a number of products that are not recommended by the MTUS. Without a specific product to review for appropriateness it is obvious that medical necessity has not been established.

