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| Case Number: | CM15-0140888 | | |
| Date Assigned: | 07/30/2015 | Date of Injury: | 09/01/1999 |
| Decision Date: | 09/22/2015 | UR Denial Date: | 07/04/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

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 injured worker is a 58-year-old male who sustained an industrial/work injury on 9-1-99. He reported an initial complaint of neck and low back pain. The injured worker was diagnosed as having lumbar disc displacement, spine spondylosis, myalgia and myositis, and brachial neuritis. Treatment to date includes medication. Currently, the injured worker complained of moderate and persistent neck and low back pain, rated 7 out of 10 that was described as achy, sharp, and throbbing. There was also more frequent neck and right hand paresthesias. Per the primary physician's report (PR-2) on 6/16/15, exam noted moderate distress, lumbar spine tenderness, moderate pain with lumbar motion, and lumbar facet pattern pain with extension. The requested treatments include X-ray of the cervical and lumbar spine, 1 prescription of MS Contin 15mg, and 1 prescription of Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-ray of the Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 177-178, 303, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, under Radiography.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for 1 X-ray of the cervical and lumbar spine. The RFA is dated 06/15/15. Treatment to date includes medication, physical therapy, chiropractic treatments, knee surgery, injections to the knee, biofeedback, and acupuncture. The patient is not working. ODG Neck and Upper Back Chapter, under Radiography have the following: "Not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography. There is little evidence that diagnostic procedures for neck pain without severe trauma or radicular symptoms have validity and utility." For special diagnostics, ACOEM Chapter 12 page 303 states, "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." MRI of the cervical spine from October 2012 revealed cervical spondylosis with degenerative joint disease, and facet arthropathy. According to progress, report 06/06/15, the patient presents with moderate and persistent neck and low back pain, rated 7 out of 10 that was described as achy, sharp, and throbbing. There was also an increase in neck pain with persistent right hand paresthesias. Examination of the lumbar spine revealed tenderness, moderate pain with range of motion and lumbar facet pain with extension. Examination of the cervical spine revealed "+right C8 ULTT". A rationale for the requested X-rays was not provided. Regarding the request for x-ray of the cervical spine, this patient had an MRI back in 2012, which showed cervical spondylosis with degenerative joint disease, and facet arthropathy. More recently, the patient presents with complaints of increase in neck pain and increase in paresthesia in the right hand. There is no evidence of prior X-ray of the cervical spine and given the patient's increase in neurological deficit in the right hand, an x-ray for further evaluation is reasonable. The request x-ray of the cervical spine is medically necessary.

1 prescription of MS Contin 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for 1 prescription of MS Contin 15mg. The RFA is dated 06/15/15. Treatment to date includes medication, physical therapy, chiropractic treatments, knee surgery, injections, biofeedback, and acupuncture. The patient is not working. MTUS Guidelines pages 88 and 89

states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Progress reports from 01/28/15 through 06/16/15 were reviewed. This patient presents for monthly medication management. His current medications include Nortriptyline, Norco, and MS Contin. He has been prescribed MS Contin since at least 01/28/15. Per report 01/28/15, "patient's pain is well managed under current medication regimen. Pain is 7/10." A random UDS was administered. Report 04/24/15 noted, "Symptoms are relieved by lying down, pain meds/drugs and rest." Another UDS was performed. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing this medication. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. All the 4A's have not been addressed, as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

1 prescription of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for 1 prescription of Norco 10/325mg. The RFA is dated 06/15/15. Treatment to date includes medication, physical therapy, chiropractic treatments, knee surgery, injections, biofeedback, and acupuncture. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Progress reports from 01/28/15 through 06/16/15 were reviewed. This patient presents for monthly medication management. His current medications include Nortriptyline, Norco, and MS Contin. He has been prescribed Norco since at least 01/28/15. Per report 01/28/15, "patient's pain is well managed under current medication regimen. Pain is 7/10." A random UDS was administered. Report 04/24/15 noted, "Symptoms are relieved by lying down, pain meds/drugs and rest." Another UDS was performed. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement,

changes in ADL's or change in work status to document significant functional improvement with utilizing this medication. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. All the 4A's have not been addressed, as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

X-Ray of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back Chapter under Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Low back Chapter under Radiography.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for 1 X-ray of the cervical and lumbar spine. The RFA is dated 06/15/15. Treatment to date includes medication, physical therapy, chiropractic treatments, knee surgery, injections to the knee, biofeedback, and acupuncture. The patient is not working. For special diagnostics, ACOEM Chapter 12 page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Low back Chapter under Radiography states: "Lumbar spine radiography 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 6 weeks." ODG further states, "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." According to progress, report 06/06/15, the patient presents with moderate and persistent neck and low back pain, rated 7 out of 10 that was described as achy, sharp, and throbbing. There was also an increase in neck pain with persistent right hand paresthesias. Examination of the lumbar spine revealed tenderness, moderate pain with range of motion and lumbar facet pain with extension. A rationale for the requested X-rays was not provided. Regarding the request for x-ray of the lumbar spine, the treater states in his 02/25/15 report that the patient has had a radiograph of the lumbar spine in the past, which revealed degenerative disk disease and facet arthropathy. In this case, the patient does not present with serious spinal injury, neurological deficit from trauma or suspected fracture to warrant x-rays of the lumbar spine. The requested x-ray IS NOT medically necessary.