

<b>Case Number:</b>	CM15-0180705		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	03/21/2007
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38 year old male, who sustained an industrial injury on 3-21-2007. The injured worker is undergoing treatment for gastrointestinal (GI) bleeding, diarrhea, constipation, chronic pain, reflux, inguinal hernia repair, obstructive lung disease, cardiac abnormalities, head trauma, syncopal episodes, chronic foot pain, cervical and thoracic myofascial pain, lumbosacral traumatic disc injury, left lower extremity radiculopathy, chronic chest wall pain, history of thoracic fractures, and chronic abdominal pain. Medical records dated 8-7-2015 indicate the injured worker complains of headaches, neck, chest, elbow, wrist, back, abdominal, hernia, knee, foot, and testicular pain. He reports continued memory and sexual dysfunction problems. Physical exam dated 8-7-2015 notes ambulation with use of a cane, knee, wrist, epicondylar, abdominal, chest wall, inguinal, para thoracic, testicular and para lumbar, tenderness to palpation, thoracic and lumbar spasm, decreased cervical and lumbar range of motion (ROM), Treatment to date has included multiple surgeries, physical therapy, medication, electromyogram, nerve conduction study and multiple specialist consultations. The original utilization review dated 8-24-2015 indicates the request for electroencephalogram (EEG), Prilosec 20mg #30 with 5 refills is certified, unknown nuclear medicine scan is conditionally non-certified and magnetic resonance imaging (MRI) of the thoracic spine, flexion extension X-ray of the lumbar spine (5 view), and Anusol suppositories #15 with 5 refills is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anusol Suppositories #15 with 5 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anusol Prescribing Information.

**Decision rationale:** The claimant sustained a significant thoracolumbar crush injury in March 2007. He was hospitalized acutely for more than a month. When seen, he was having widespread pain, memory difficulties, and sexual dysfunction. Stool testing was pending. Constipation had improved with MiraLax. He was still having rectal bleeding and was being followed by a gastrointestinal specialist. There was a pending urology appointment. Physical examination findings included ambulating with a cane. There was bilateral knee, wrist, and elbow tenderness. There was decreased cervical spine range of motion. There was bilateral anterolateral chest wall, lower abdominal, inguinal, and testicular tenderness. There was parathoracic and paralumbar tenderness with spasms. Norco was prescribed at a total MED (morphine equivalent dose) of 60 mg per day. Anusol is indicated for use in inflamed hemorrhoids, post-irradiation (factual) proctitis, as an adjunct in the treatment of chronic ulcerative colitis, cryptitis, other inflammatory conditions of the anorectum, and pruritus ani. An adequate proctologic examination is required before use. Recommended therapy is six to eight weeks or less, depending on the response to treatment. In this case, there is no documented recent proctologic examination and Anusol has been prescribed on a long-term basis. The request is not medically necessary.

**Flexion Extension X-Ray of The Lumbar Spine (5 View):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

**Decision rationale:** The claimant sustained a significant thoracolumbar crush injury in March 2007. He was hospitalized acutely for more than a month. When seen, he was having widespread pain, memory difficulties, and sexual dysfunction. Stool testing was pending. Constipation had improved with MiraLax. He was still having rectal bleeding and was being followed by a gastrointestinal specialist. There was a pending urology appointment. Physical examination findings included ambulating with a cane. There was bilateral knee, wrist, and elbow tenderness. There was decreased cervical spine range of motion. There was bilateral anterolateral chest wall, lower abdominal, inguinal, and testicular tenderness. There was parathoracic and paralumbar tenderness with spasms. Norco was prescribed at a total MED (morphine equivalent dose) of 60 mg per day. An X-ray of the lumbar spine can be recommended in a patient over 70 with uncomplicated low back pain and a history of trauma, steroid use, or osteoporosis, in a patient

with uncomplicated low back pain where there is a suspicion of cancer or infection, or after surgery to evaluate the status of a fusion. In this case, there is no acute injury and none of the applicable criteria for a chronic injury are fulfilled. The requested X-ray is not considered medically necessary.

**MRI of The Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a significant thoracolumbar crush injury in March 2007. He was hospitalized acutely for more than a month. When seen, he was having widespread pain, memory difficulties, and sexual dysfunction. Stool testing was pending. Constipation had improved with MiraLax. He was still having rectal bleeding and was being followed by a gastrointestinal specialist. There was a pending urology appointment. Physical examination findings included ambulating with a cane. There was bilateral knee, wrist, and elbow tenderness. There was decreased cervical spine range of motion. There was bilateral anterolateral chest wall, lower abdominal, inguinal, and testicular tenderness. There was parathoracic and paralumbar tenderness with spasms. Norco was prescribed at a total MED (morphine equivalent dose) of 60 mg per day. An MRI of the thoracic spine can be recommended in a patient with uncomplicated low back pain when there is suspicion of cancer, infection, or other red flags, when there is radiculopathy after at least one month conservative therapy or sooner if there is severe or progressive neurologic deficit, when there is a history of prior lumbar surgery, when cauda equina syndrome is suspected, or in a patient with slowly progressive myelopathy. In this case, there is no acute injury. There are no findings of myelopathy or progressive neurological deficit. The requested MRI scan is not considered medically necessary.