

Case Number:	CM15-0200468		
Date Assigned:	10/15/2015	Date of Injury:	12/12/2000
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/13/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 55 year old male, who sustained an industrial injury on 12-12-00. The injured worker was diagnosed as having Postlaminectomy syndrome unspecified region; Opioid type dependence unspecified; lumbosacral spondylosis without myelopathy; depressive disorder not otherwise classified, insomnia unspecified. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-25-15 indicated the injured worker complains of pain in the lower back. He reports sudden onset of pain described as constant, aching, shooting, and stabbing also throbbing, muscle tightness and muscle spasms. He reports the pain radiates to the bilateral lower extremities, bilateral hips and bilateral buttocks. The provider documents "Right now he describes his pain as 7 out of 10 on a pain scale of 0-10." The injured worker reports his pain is made worse by bending, changing positions, going up stairs or down, increased activity, lifting, movement, prolonged sitting, standing, or turning side to side, walking, stooping, pulling, pushing, getting up from a seated position, repetitive movements and weather. He reports his pain is made better by "nothing" with no alleviating factors. He reports other associated factors include: difficulty staying asleep due to pain, frustrated by the pain, muscle cramps, non-restful sleep, numbness and restriction of activities. He presents on this date for medications refills and reports his pain is the same as the prior visit. The provider notes the injured workers pain in his lower back is ongoing and long-term. He reports a decrease in strength and feels his medication regimen has been effective but the Lidoderm patches and DLC cream have been denied authorization. The injured worker adds, he does not want to have any further epidurals because of the terrible reaction to the last one and remarks they were not effective. He reports to the provider that he has had a virus over the last 10 days

but the last three is feeling somewhat better but has a cough. He reports the Medrol dose pack decreased the inflammation and was helpful to a mild degree. On physical examination, the provider documents "Gait is positive antalgic gait and slow cadence and decreased stance phase on the left. Lower back range of motion: flexion 35 and extension 10. He is a status post spinal cord stimulator replacement 2010 with status post explant of spinal cord stimulator IPG and Leads due to infection on 4-31-11. Current medications for pain are listed as: Baclofen, Cymbalta, Lunesta, Neurontin, Norco, Soma, Trazodone, Zantac and DLC cream. The provider notes on physical examination the injured worker has 1+ 2+ spasms and tenderness T11, T12, L1. He is monitored with random urine drug screens 3-4 times a year, signed an opioid agreement and a DEA CURES check 3 times a year for compliancy. His treatment plan is to refill medications including Medrol Dose pak for sinus infection and request Toradol injections 1 each month for brachial neuritis or radiculitis, lumbar spine pain radiating to lower extremities. Given samples of Pennsaid due to Lidoderm and DLC cream denials and get a MRI of the lumbar spine without contrast for lumbosacral Spondylosis without myelopathy. There were no x-rays of the lumbar spine documented or mention of ruling out a tumor, infection or fracture of the lumbar spine. The provider notes the injured workers diagnosis on ongoing and chronic. There are no other conservative measures carried out in 2015 except for medications. A Request for Authorization is dated 10-13-15. A Utilization Review letter is dated 9-14-15 and non-certification for MRI of lumbar spine without contrast and Toradol injections 60mg #4. A request for authorization has been received for MRI of lumbar spine without contrast and Toradol injections 60mg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the ACOEM, MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, there are no red flags on physical exam and in absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated. The medical necessity of a lumbar MRI is not substantiated in the records. Therefore, the request is not medically necessary.

Toradol injections 60mg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use or why an injection is required versus oral medications. The medical necessity of toradol injections is not substantiated in the records. Therefore, the request is not medically necessary.