MAXIMUS Federal Services

Case Number:	CM15-0204457		
Date Assigned:	10/21/2015	Date of Injury:	01/26/2006
Decision Date:	12/07/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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 46 year old male, who sustained an industrial injury on 1-26-06. The injured worker was diagnosed as having chronic cervical strain; bilateral shoulder rotator cuff syndrome; bilateral knee strain; bilateral knee patellofemoral syndrome; history of cervical cord injury with temporary paralysis; bilateral ankle-foot pain; sleep and psych issues; history of deep view thrombosis; status post 4 level lumbar spine fusion L3-S1; lumbar disc herniation with multilevel disc bulging and lower extremity radicular pain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10-2-15 indicated the injured worker returns for a follow-up with persistent pain in the thoracic spine at levels T11-T12 and the provider notes he rates his pain "at 9 out of 10". The provider also documents "he complains of pain in the lower back at 8 out of 10 and is about the same." He reports numbness sown both legs and has had a flare-up this month. He is ambulating with a cane on this visit. The provider notes "hypertonicity of the left paraspinal muscles of the thoracic and lumbar spine." On physical examination, the provider notes "cervical spine revealed tenderness over the midline and tenderness and hypertonicity noted over the paraspinal musculature. There was asymmetrical loss of range of motion; compression and Spurling's tests were positive. The thoracic spine revealed hypertonicity over the paraspinals left greater than right with decreased range of motion; and tenderness to the midline T11-T12. The lumbar spine revealed tenderness over the midline with tenderness and hypertonicity over the paraspinal musculature. There was asymmetrical loss of range of motion with straight leg raise test positive in both lower extremities." The provider reviewed X-rays of the lumbar spine dated 9-30-15 impression

"moderate disc space narrowing at T11-T12 disc space." The provider's treatment plan notes "Due to the worsening function and decreased strength and increased pain, I would like to request a MRI of the thoracic spine to rule out herniated nucleus pulposus at the adjacent joint as he does have a 4 level fusion at L3-S1 causing more pressure on the adjacent superior vertebrae." Medical records dated 4-2-15 indicate the injured worker has been prescribed Kera-Tek Gel since that time. A Request for Authorization is dated 10-14-15. A Utilization Review letter is dated 10-9-15 and non-certification for MRI of the thoracic spine and Kera-Tek Gel (Menthyl Salicylate/Menthol) 4 oz. A request for authorization has been received for MRI of the thoracic spine and Kera-Tek Gel (Menthyl Salicylate/Menthol) 4 oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter under MRIs.

Decision rationale: The patient presents with low back pain, rated 8/10, and pain in the thoracic spine, rated 9/10. The request is for MRI of the Thoracic Spine. Patient is status post lumbar fusion, 09/24/13. Physical examination to the thoracic spine on 09/30/15 revealed tenderness to palpation to the midline at T11-T12 level and hypertonicity over the paraspinals, left greater than right. Straight leg raising test was positive bilaterally. Range of motion was noted to be limited. Per 10/01/15 Request For Authorization form, patient's diagnosis include a 4-mm lumbar disc herniation with multilevel disc bulging and lower extremity radicular pain, chronic cervical strain, bilateral shoulder rotator cuff syndrome, bilateral knee strain, bilateral knee patellofemoral syndrome, history of cervical cord injury with temporary paralysis, bilateral ankle and foot pain, sleep and psych issues, high blood pressure, internal medicine issues and neurological issues, history of deep vein thrombosis, four level lumbar spine fusion from L3 through S1. Patient's medications, per 09/02/15 progress report include Motrin and Lyrica. Per 09/30/15 progress report, patient is to remain off-work until 10/21/15. ACOEM Guidelines, chapter 8, Neck and Upper Back Complaints 2004, Special Studies, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG guidelines, Low back chapter under MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In progress report dated 09/30/15, the treater is requesting an MRI of the thoracic spine, due to the worsening functioning and increased pain, to rule out herniated nucleus pulposus versus degenerative joint disease, at the adjacent joints as the patient has four level fusion at L3 through S1 causing more pressure on the adjacent superior vertebrae. Review of the medical records

provided did not indicate a prior MRI of the thoracic spine. The patient continues with pain in the low back, radiating to the thoracic and lumbar spine and legs, associated with weakness, numbness and tingling. X-ray of the lumbar spine from 09/30/15 showed moderate disc space narrowing at T11-T12 disc space. However, there are no radicular symptoms in the thoracic spine, no red flags, and no neurologic signs/symptoms of the T-spine to warrant an MRI. The request is not medically necessary.

Kera-Tek Gel (Menthyl Salicylate/Menthol) 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with low back pain, rated 8/10, and pain in the thoracic spine, rated 9/10. The request is for Kera-Tek Gel (Menthyl Salicylate/Menthol) 4 oz. Patient is status post lumbar fusion, 09/24/13. Physical examination to the thoracic spine on 09/30/15 revealed tenderness to palpation to the midline at T11-T12 level and hypertonicity over the paraspinals, left greater than right. Straight leg raising test was positive bilaterally. Range of motion was noted to be limited. Per 10/01/15 Request For Authorization form, patient's diagnosis include a 4-mm lumbar disc herniation with multilevel disc bulging and lower extremity radicular pain, chronic cervical strain, bilateral shoulder rotator cuff syndrome, bilateral knee strain, bilateral knee patellofemoral syndrome, history of cervical cord injury with temporary paralysis, bilateral ankle and foot pain, sleep and psych issues, high blood pressure, internal medicine issues and neurological issues, history of deep vein thrombosis, four level lumbar spine fusion from L3 through S1. Patient's medications, per 09/02/15 progress report include Motrin and Lyrica. Per 09/30/15 progress report, patient is to remain off-work until 10/21/15. MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics section, page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. The treater has not specifically discussed this request. Review of the medical records provided did not indicate prior use and it appears that the treater is initiating this medication. The patient continues with pain in the low back, radiating to the thoracic and lumbar spine and legs, associated with weakness, numbness and tingling. The guidelines do not support topical NSAIDS for the treatment of spine, hip or shoulder conditions due to lack of evidence. The patient does not present with any other condition for which the use of topical NSAID would be indicated. Therefore, the request is not medically necessary.