MAXIMUS Federal Services

Case Number:	CM15-0045033		
Date Assigned:	03/16/2015	Date of Injury:	09/26/2001
Decision Date:	04/24/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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, Hawaii
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 65 year old female who sustained an industrial injury on 9/26/01. She currently complains of low back pain with radiation to her left leg, sleep disturbances. Medications include Lunesta, baclofen, Lidoderm Patch and Prednisone. She reports Lunesta gives partial relief of sleep disturbances. Medications include Lunesta, baclofen, Lidoderm Patch and Prednisone. Diagnoses include low back pain with neuropathic component; left sacroiliac joint and lumbar facet syndrome; cervical spondylosis without myelopathy; lumbosacral spondylosis without myelopathy; displacement of intervertebral disc without myelopathy and enthesopathy of unspecified site. Treatments to date include acupuncture therapy with improvement but low back pain increased since her last acupuncture treatment, home exercise program with neutral-bias core stabilization exercises, sacroiliac joint brace, transcutaneous electrical nerve stimulator unit. In the progress note dated 11/20/14 the treating provider recommends Flector patch on an as needed basis for pain control. In the progress note dated 1/8/15 the treating provider requested an MRI of the lumbar spine due to lack of improvement with Prednisone regime and will compare it to 2013 MRI of the lumbar spine for progressive spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 (ODG); Treatment Index, 13 Edition (web) 2015, Low Back, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar Chapter, MRI.

Decision rationale: The patient presents with low back pain. The current request is for an MRI Lumbar Spine. The treating physician states, "Patient reports no significant change with her low back pain described as burning and sharp and shooting to her left leg. Claims Prednisone afforded no relief. Baclofen helps with sleep. Has been less active. Will need Lumbar MRI given her lack of improvement with prednisone regimen; compare with 2013 MRI for progressive spinal stenosis." (B56) The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter indicates MRI scans for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags. ODG for Repeat MRI states, "When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the treating physician has documented that the patient's ROM with some tests are normal and others are decreased. There is also back pain with a neuorpathic component. There is no indication of radiculopathy. According the SOAP Notes dated 01/08/15 (B56) the patient had a previous MRI of the Lumbar Spine in 2013. The treating physician documents no significant change in the patient's condition indicating the need for an MRI. The current request is not medically necessary and the recommendation is for denial.

Flector Patch #30 with 2 refills (dosage unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS, Topical Analgesics, pg 111-113 the patient presents with low back pain. The current request is for an M Flector Patch #30 with 2 refills (Dosage unspecified). The treating physician states, "Patient reports no significant change with her low back pain described as burning and sharp and shooting to her left leg. Claims Prednisone afforded no relief. Baclofen helps with sleep. Has been less active. Flector patch (1.3%) apply 1 patch every 12hrs prn for pain #30 with 2 refills." (B56) MTUS page 111 of the chronic pain section states the following regarding topical analgesics: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. In this case, the patient presents with back pain which shoots down the leg with no documented peripheral arthritis. The treating physician does not indicate where the flector patches will be used by the patient. The current request is not medically necessary and the recommendation is for denial.