MAXIMUS Federal Services

Case Number:	CM15-0051140		
Date Assigned:	03/24/2015	Date of Injury:	09/05/1985
Decision Date:	05/04/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/18/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old male patient, who sustained an industrial injury on September 5, 1985. The diagnoses include radiculopathy, thoracic degenerative disc disease, cervical facet arthropathy, left ankle injury, lumbar region sprain/strain, lumbar facet arthropathy, lumbar spinal stenosis, lumbar radiculopathy, occipital neuralgia, cervical radiculopathy, and failed neck surgery syndrome. Per the doctor's note dated 4/2/2015, he had cervical pain with radicular symptoms, occipital headache, upper thoracic pain and bilateral lower extremity pain. Per the Primary Treating Physician's report dated February 5, 2015, he reported 50% relief of his cervical radicular pain after the cervical epidural injection. Physical examination revealed bilateral paracervical tenderness, left greater than right, bilateral parathoracic tenderness, mild paralumbar tenderness and spasms, and bilateral cervical spasms; negative straight leg raising bilaterally. The current medications list includes Valium, Cymbalta, Topical BCFLKH cream, Fentanyl patch, Lyrica, Norco, and IT Dilaudid. He has undergone anterior cervical fusion C4-7. He has undergone anterior cervical fusion C4-C7. He has had lumbar MRI on 6/6/2013 and recently on 1/27/2015, which revealed degenerative changes; a cervical MRI which revealed right C3-C4 and left C4-C5 disc protrusions causing nephrogenic systemic fibrosis (NFS). He has had cervical epidural injection, nerve blocks/injections and TENS. Per the letter dated 1/7/15, the pt has developed a left foot drop and is progressively worsening. Per the notes on 1/8/2015, the pt has 4+/5 strength in the left lower extremity, decreased sensation in the thoracic area and decreased lower extremity reflexes. A catheter tip granuloma was suspected.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Lumbar Spine without contrast: 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 guideline, Low Back chapter, Lumbar & Throacic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 04/15/15) MRIs (magnetic resonance imaging).

Decision rationale: Request: MRI (magnetic resonance imaging), Lumbar Spine without contrast. Per ODG low back guidelines, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Patient has already had lumbar spine MRI on 6/6/2013 and recently on 1/27/2015, which revealed degenerative changes. The physical examination revealed negative straight leg raising bilaterally. Significant change in signs or symptoms since these diagnostic studies that would require a lumbar MRI is not specified in the records provided. Response to recent conservative therapy including physical therapy is not specified in the records provided. A recent lumbar spine X-ray report is also not specified in the records provided. The medical necessity of MRI Lumbar Spine, without contrast, as requested, is not established for this patient.

1 Side Port Dye Study with intrathecal catheter tip granuloma: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado (2011) and Work Loss Data Institute: Pain (Chronic), (2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 04/15/15) Myelography and Other Medical Treatment Guidelines PubMed TIPolyanalgesic Consensus Conference--2012: consensus on diagnosis, detection, and treatment of catheter-tip granulomas (inflammatory masses).AUDeer TR, Prager J, Levy R, Rathmell J, Buchser E, Burton A, Caraway D, Cousins M, De Andrs J, Diwan S, Erdek M, Grigsby E, Huntoon M, Jacobs MS, Kim P, Kumar K, Leong M, Liem L, McDowell GC 2nd, Panchal S, Rauck R, Saulino M, Sitzman BT, Staats P, Stanton-Hicks M, Stearns L, Wallace M, Willis KD, Witt W, Yaksh T, Mekhail NSONeuromodulation. 2012 Sep;15 (5):483-95; discussion 496. Epub 2012 Apr 11.

Decision rationale: Request: 1 Side Port Dye Study with intrathecal catheter tip granuloma, INTRODUCTION: Continuous intrathecal infusion of drugs to treat chronic pain and spasticity has become a standard part of the algorithm of care. The use of opioids has been associated with noninfectious inflammatory masses at the tip of the intrathecal catheter, which can result in

neurologic complications. METHODS: The Polyanalgesic Consensus Conference is a meeting of a group of well-published and experienced practitioners; the purpose of the meeting is to update the standard of care for intrathecal therapies to reflect current knowledge gleaned from literature and clinical experience. An exhaustive literature search was performed, and information from this search was provided to panel members. Analysis of the published literature was coupled with the clinical experience of panel participants to form recommendations regarding intrathecal inflammatory masses or granulomas. RESULTS: The panel has made recommendations for the prevention, diagnosis, and management of intrathecal granulomas. CONCLUSION: The use of chronic infusions of intrathecal opioids is associated with the formation of inflammatory masses at the intrathecal catheter tip in a small minority of treated patients. Nonetheless, the appearance of these space-occupying lesions can lead to devastating neurologic sequelae. The prevention, early detection, and successful treatment of intraspinal granulomas are important considerations when offering intrathecal drug therapy to patients with chronic intractable pain. AD Center for Pain Relief, [redacted]. [redacted]. NEUROMODULATION: TECHNOLOGY AT THE NEURAL INTERFACEORIGINAL ARTICLE Management of Intrathecal Catheter-Tip Inflammatory Masses: An Updated 2007Consensus Statement from an Expert Panel Volume 11, Number 2, 2008. Per the cited reference, "The use of chronic infusions of intrathecal opioids is associated with the formation of inflammatory masses at the intrathecal catheter tip in a small minority of treated patients. Nonetheless, the appearance of these space-occupying lesions can lead to devastating neurologic sequelae. The prevention, early detection, and successful treatment of intraspinal granulomas are important considerations when offering intrathecal drug therapy to patients with chronic intractable pain." Per the cited reference, "Provide attentive follow-up and remain alert to diminishing analgesic effects, loss of previously satisfactory pain relief, remarkable or unusual increases in the patients underlying pain, sleep or frequent dose escalations, or neurologic symptoms suggestive of an inflammatory mass. If granuloma is suspect, conduct a low threshold for performing contrast-enhanced T1-weighted magnetic resonance imaging or computed tomography myelogram." Per the letter dated 1/7/15, the pt has developed a left foot drop and is progressively worsening. Per the notes on 1/8/2015, the pt has 4+/5 strength in the left lower extremity, decreased sensation in the thoracic area and decreased lower extremity reflexes. A catheter tip granuloma was suspected. The Side Port Dye Study with intrathecal catheter tip granuloma is deemed medically appropriate and necessary in this patient at this time.