MAXIMUS Federal Services

Case Number:	CM15-0056410		
Date Assigned:	04/01/2015	Date of Injury:	11/27/2000
Decision Date:	06/11/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/24/2015

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, Washington
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 62 year old male, who sustained an industrial injury on 11/27/2000. Diagnoses include post laminectomy syndrome of lumbar region and cervical post laminectomy syndrome. Treatment to date has included surgical intervention, medications, physical therapy and diagnostics. Per the Primary Treating Physician's Progress Report dated 3/02/2015, the injured worker reported severe intermittent constant neck pain and arm pain as well as ongoing back/left leg pain. He reports his symptoms as worse. Physical examination of the lumbar spine revealed restricted range of motion and moderate pain. There was pain centrally to palpation over the LS junction at approximately L5-S1, worse with flexion. Examination of the cervical spine revealed pain to palpation across both sides of the neck with decreased range of motion. Magnetic resonance imaging (MRI) of the lumbar spine without contrast, computed tomography (CT) scan of the cervical spine and Norco 10/325mg were recommended and authorization was requested. The injured worker is a 62-year-old male who reported an injury on 11/27/2000. The mechanism of injury was not included in the documentation submitted for review. His diagnoses include postlaminectomy syndrome, lumbar and cervical postlaminectomy syndrome. His past treatments include medications, surgery, and physical therapy. Diagnostic studies were not included in the documentation submitted for review. His surgical history included a cervical and lumbar surgery. The injured worker presented on 03/02/2015 with complaints of chronic pain. The injured worker also complained of severe and intermittent constant neck and arm pain as well as ongoing back/left leg pain. The injured worker noted that his symptoms were worse. Upon physical examination of the lumbar spine, range of motion was limited with moderate pain.

Flexion was moderately restricted and extension was mildly restricted. There was no restriction with lateral rotation. Upon physical examination of the cervical spine, extension was at 45 degrees, flexion was at 30 degrees, left rotation was at 45 degrees, and right rotation was at 45 degrees. The injured worker noted pain and decreased active range of motion. Upon further inspection of the lumbar spine, the injured worker had a positive straight leg raise test on the left and moderate lumbar spasms were noted. The injured worker had pain centrally to palpation over the LS junction at approximately L5-S1, worse with flexion. The injured worker had pain to palpation across both sides of the neck. The injured worker's current medications included Lipitor, Neurontin, and Norco. The treatment plan included authorization for magnetic resonance imaging of the lumbar spine without contrast, continue 10 mg Norco every 4 hours as needed, a 4 to 6 week follow-up, a computed tomography scan of the cervical spine, and referral back to the neurosurgeon. The rationale for the request for the magnetic resonance imaging of the lumbar spine without contrast was due to findings of radiculopathy, the rationale for the request for computed tomography of the cervical spine was due to new neck pain status post anterior posterior fusion, and the rationale for the request for the referral back to neurosurgeon was due to re-evaluation of increased neck pain. A Request for Authorization form dated 03/16/2015 was submitted in the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179.

Decision rationale: The request for MRI lumbar spine without contrast is not medically necessary. The injured worker has chronic low back pain. The documentation submitted for review provides evidence that the injured worker had objective clinical findings of neurologic dysfunction in the lumbar spine with a positive left sided straight leg raise test. However, the documentation submitted for review also indicated that the injured worker had not had physical therapy in over 1 year. The California MTUS Guidelines state that the criteria for ordering imaging studies are emergency of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, and failure to progress in a strengthening program intended to avoid surgery. Given the absence of the injured worker's participation in a strengthening program, the request as submitted is not medically necessary. As such, the request for MRI lumbar spine without contrast is not medically necessary.

CT Cervical 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), CT.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for CT cervical spine is not medically necessary. The injured worker has cervical pain. The California ACOEM Guidelines recommend imaging studies after a 3 or 4 week period of conservative care and observation fails to improve symptoms. The documentation submitted for review failed to provide evidence that the injured worker participated in a strengthening program for 3 or 4 weeks prior to the request for a CT of the cervical spine. In the absence of the aforementioned documentation, the request is not supported by the guidelines. As such, the request for CT cervical spine is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

Decision rationale: The request for Norco 10/325 mg #180 is not medically necessary. The injured worker has chronic neck and low back pain. The California MTUS Guidelines state that the ongoing management of opioid therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review did not include a detailed pain assessment to establish adequate pain relief with the use of Norco. Additionally, there was also no evidence of functional improvement or lack of adverse effects and aberrant behaviors. Furthermore, a urine drug screen was not submitted to verify appropriate medication use. Moreover, the request as submitted did not include a frequency of use. In the absence of documentation showing details regarding the injured worker's medications, including his use of Norco, and the appropriate documentation to support the ongoing use of opioids, the request is not supported. As such, the request for 1 prescription of Norco 10/325 mg #180 is not medically necessary.

Re-evaluation by neurosurgeon for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for re-evaluation by neurosurgeon for cervical spine is not medically necessary. The injured worker has chronic cervical and low back pain. The California ACOEM Guidelines state that special studies and diagnostic considerations for neck complaints are not needed unless after 3 or 4 week period of conservative care and observation fails to improve symptoms. Additionally, the guidelines state that when the neurologic examination is less clear, a discussion with a consultant may be indicated. However, the documentation

submitted for review failed to provide evidence of the injured worker's participation in conservative care such as a strengthening program for a 3 to 4 week period prior to the request. In the absence of the aforementioned documentation, the request as submitted is not medically necessary.