

Case Number:	CM15-0087813		
Date Assigned:	05/12/2015	Date of Injury:	01/27/2003
Decision Date:	06/26/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/07/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on 1/27/03. The injured worker was diagnosed as having lumbar neuritis, lumbar disc displacement and lumbar or lumbosacral disc degeneration. Treatment to date has included cervical spinal fusion, oral steroids, oral opioids, physical therapy, epidural steroidal injections, home exercise program and walker for ambulation. Currently, the injured worker complains of low back pain with radiation to right buttock, thigh and hip with numbness in right buttock, posterior thigh and hip; neck pain, bilateral shoulder pain, headaches, right ear and jaw pain, tailbone pain, mid back pain, weakness of right upper and lower extremity and depression due to chronic pain. She also complains of dizziness and balance difficulty. She is currently using a wheeled walker and wheelchair due to difficulty standing. A request for authorization was submitted for updated (MRI) magnetic resonance imaging of lumbar spine, (MRI) magnetic resonance imaging of cervical spine (MRI) magnetic resonance imaging of TMJ, continuation of OxyContin, Nucynta, Senokot, Ibuprofen topical cream and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the temporomandibular joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Agency for Healthcare Research and Quality, Imaging of the head & neck.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Adv Dent Res. 1993 Aug; 7(2): 137-51. Reliability and validity of imaging diagnosis of temporomandibular joint disorder. Westesson PL1. <http://www.ncbi.nlm.nih.gov/pubmed/8260001>.

Decision rationale: The MTUS and ODG are both silent on issues of temporomandibular joint pain. In this case, it is unclear as to why the MRI is being requested for TMJ. If the imaging is being considered for potential surgery, etc., the indications should be clarified prior to imaging being obtained, as the evidence shows that disc abnormalities can exist in asymptomatic people when imaging is examined, etc. Without clarification as to why MRI is clinically indicated in this case, based on the provided records, it is the opinion of this reviewer that detailed MR imaging of the joint is not medically necessary at this time.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-78.

Decision rationale: Per the MTUS ACOEM Guidelines, MRI may be considered in cases where red flags are present or in cases where evidence of tissue injury or neurologic dysfunction are present, failure in strengthening program to avoid surgery, or to clarify anatomy prior to operative intervention/invasive procedures. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The ODG states that 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). In this case there is no provided indication of worsening or considerable neurologic dysfunction that is evidential of need for repeat MRI (since 3/5/11) and therefore, per the guidelines, the request for MRI is not considered medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. A recent EMG/NCV study shows essentially normal results, and while this does not rule out radiculopathy entirely, there is no objective evidence to support an interval change that warrants a repeat study (previous in 2012 and 2013). The ODG states that 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). Previous MRIs have provided insight into the patient's current anatomy and repeat imaging at this time is unlikely to reveal clinically significant changes. Without further indication for imaging, the request for MRI at this time cannot be considered medically necessary per the guidelines.

Ibuprofen topical cream 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs).

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

Decision rationale: The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Given the chronic nature of this case, the uncertainty of the data to support use of topical non-steroidals, and the potential for harms/side effects, the request cannot be considered medically necessary at this time.