

Case Number:	CM14-0156510		
Date Assigned:	09/26/2014	Date of Injury:	08/09/2011
Decision Date:	10/27/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is 64 year old male with an injury date of 08/09/11. The 08/04/14 report by [REDACTED] states that the patient presents with back pain and bilateral leg cramping. Symptoms are described as severe and impacting his quality of life. The provider states the patient is not currently working. Examination of the posterior spine and lower extremities reveals no defects and there are no positive tests. The 11/08/13 MRI Lumbar Spine with and without contrast states the following impression: T12-L1: Disc bulge extending into right foramen with L1 root mass effect, L2-3: Signs of dorsal decompression and pedicle screw instrumentation. The right L1 pedicle screw is associated with bone marrow signal disturbance. This cannot be excluded as being due to loosening as the right pedicle screw is more cranially angulated than the opposite side. These findings would be assessed with a CT scan, L4-5: Material with very low signal intensity is seen within the right lateral recess in close approximation to the L5 root. Etiology is uncertain with differential diagnosis including bone fragment, micro-metal and calcified scar, L5-S1: Signs of dorsal decompression and pedicle screw instrumentation. Mild disc bulging with endplate spur. No canal stenosis. On 08/04/14 the provider cites a lumbar MRI from "July 30th" that documents hardware in place L2 through S1 without significant neurocompressive pathology. The patient's diagnoses include: fifteen months status post L2 through S1 fusion, low back pain, bilateral lumbar radiculopathy and chronic narcotic use. Current medications are listed as Norco; the utilization review being challenged is dated 09/13/14. The rationale regarding the Lumbar CT Myelogram is that the patient surgery is not being evaluated and an MRI indicating no normalities has been received. Reports were provided from 04/02/14 to 08/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR CT MYELOGRAM: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines state that Myelography

Decision rationale: The patient presents with back pain and bilateral leg cramping. The treater requests for 1 Lumbar CT myelogram. On 08/14/14 the reason for this request is stated to be to rule out pseudoarthrosis or any other neurocompressive pathology that could be contributing to the patient's symptoms. ODG Guidelines state that Myelography is not recommended except for selected indications such as cerebrospinal fluid leak, surgical planning, radiation therapy planning for tumors, evaluation of spinal or basal cisternal disease/infection, poor correlation with physical finding with MRI and if MRI cannot be tolerated/surgical hardware present. In this case, a CT scan may be indicated given the possibility of loosened bony fragment and pedicle screw loosening per MRI. It is not known what additional information can be obtained with a myelography. However, ODG guidelines do allow for CT myelography when surgical hardware is present which is the case in this patient. Recommendation is for authorization.

NORCO #120 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with back pain and bilateral leg cramping. The treater requests for Norco (an opioid) #120 1 refill. The reports provided do not show exactly how long the patient has been taking this medication. It is listed on the 10/07/13 report by [REDACTED]. On 08/14/14 it was prescribed for the patient by [REDACTED] who explains in the report that the patient agrees that [REDACTED] office is to be the sole prescriber of this medication. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. [REDACTED] states the patient's pain is severe on 08/14/14; however, the reports provided lack pain assessment measures as required above and no urine toxicology reports were provided or discussed. Specific ADL's are mentioned to show a

change of use with this medication. In this case, there is not sufficient documentation as required for long term opioid use per MTUS; above, therefore, recommendation is for denial.