MAXIMUS Federal Services

Case Number:	CM15-0170194		
Date Assigned:	09/10/2015	Date of Injury:	08/11/2003
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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: Pennsylvania, Ohio, California
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 60 year old male, who sustained an industrial injury on 8-11-03. Initial complaints were of his cervical and lumbar spine industrial injury. The injured worker was diagnosed as having lumbar radiculopathy; carpal tunnel syndrome bilateral; degenerative disc disease lumbar; lumbosacral spondylosis without myelopathy; postlaminectomy syndrome lumbar region. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 7-7-15 indicated the injured worker complains of low back pain and bilateral lower extremity pain. The injured worker has requested this provider be his acting primary treating physician. The provider documents the injured worker has undergone 2 lumbar surgeries (laminectomy and later a lumbar fusion). Since those surgeries, he has been diagnosed with Adjacent Segment Disease with Facet osteoarthritis and degenerative disc disease with radiculopathy. He has received infrequent facet blocks-neurotomies; epidural steroid injections (ESI's) and sacroiliac joint injections (SIJ). The provider notes he also has an accepted bilateral wrist claim for carpal tunnel syndrome. He has only received conservative care for this wrists and cervical spine. The interventional modalities have been very successful at returning his functional abilities allowing for more intermittent use of his medications. He reports he uses Norco and ibuprofen occasionally and avoids oral medications due to GI issues. The provider documents the injured worker obtained greater than 85% pain relief and functional improvement with decreased medications requirements lasting greater than 6 months for the last L3-4 and dorsal ramus 5 Medial Branch Radio Frequency Ablation (RFA) on 12-9-13. He has had successful SI joint injections in 2014 and successful Medial Branch Blocks (MBB) and ESIs

prior to that with long lasting relief. The provider notes an interval change since his last visit. He reports a slow recovery from his flare-up of his low back pain and leg complaints. He still attempts to exercise daily but notes an increase of symptoms. He paid for his Medrol Dose Pak due to denials. He has undergone a lumbar spine MRI on 3-12-15. He also had a "gum" infection and was prescribed Amoxicillin. The provider documents since his last visit he reports the same severe low back pain with radiating pain to his right flank. He has obtained greater than 20% pain relief and functional improvement with decreased medications lasting more than one week from the Caudal ESI on 4-13-15 but was very ill for three weeks after that procedure. His pain scores are rated at 10 out of 10 without medications and 5 out of 10 with medications. Today he rates his pain as 7 out of 10. His current medications are listed as Hydrocodone - Acetaminophen 10-325mg; Restoril; Senna; Valium; Ibuprofen; Medrol Pak; Promolaxin; Fluocinonide; Voltaren 1% gel; Ketamine, Diclofenac, Indo, Lido 1-2 pump application; Hydrocortisone and Wellbutrin. The provider documents a physical examination. He includes in his treatment plan a continuation of medications and to increase his Norco #60 to #90. He is requesting an updated Cervical MRI as open due to severe claustrophobia. He notes the injured worker still has neck pain that is often severe but his low back pain is the biggest complaint. A Request for Authorization is dated 8-28-15. A Utilization Review letter is dated 8-17-15 and non- certification was Hydrocodone - Acetaminophen 10-325mg #90 and Open MRI of the cervical spine and the Bilateral L3, L4 dorsal ramus L5 authorized. Utilization Review denied the Hydrocodone - Acetaminophen 10-325mg #90 is denied as there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance and or a reduction in the use of medications or medical services specify to this medications. Additionally, the reviewer notes there is no discussion rationale as to why such may not be applicable. The open cervical MRI was certified on 3-26-15 and there is no documentation to support significant changes in symptoms and or findings suggestive of significant pathology for a repeat MRI, therefore was denied. The provider is requesting authorization of Hydrocodone - Acetaminophen 10-325mg #90 and Open MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone - Acetaminophen 10-325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4 A’s of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Open MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS/ACOEM recommends MRI CSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. This guideline particularly recommends MRI CSPINE to validate the diagnosis of nerve root compromise based on clear history and physical exam findings in preparation for an invasive procedure. The records do not document such red flag findings at this time. The rationale/indication for the requested cervical MRI is not apparent. This request is not medically necessary.