

Case Number:	CM15-0170292		
Date Assigned:	09/10/2015	Date of Injury:	09/23/2009
Decision Date:	10/20/2015	UR Denial Date:	07/28/2015
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: 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 57 year old female, who sustained an industrial injury on September 23, 2009. The injured worker was diagnosed as having chronic pain syndrome, lumbar and lumbosacral spine disc degeneration, post laminectomy syndrome of the lumbar spine, disorders of the sacrum, lumbago, and lumbar or thoracic radiculitis. Treatment and diagnostic studies to date has included implantation of a stimulator, status post lumbar posterior fusion decompression of the lumbar four to sacral one, lumbar diagnostic study with type unspecified, laboratory studies, medication regimen, epidural steroid injections, acupuncture, use of a transcutaneous electrical nerve stimulation unit, magnetic resonance imaging of the lumbar spine, and electromyogram. In a progress note dated July 20, 2015 the treating physician reports complaints of chronic pain to the bilateral lower back and left lateral leg along with recent complaints of a loud popping sensation to the low back with immediate pain and swelling. Examination reveals myofascial tenderness and axial pain over the lumbar three to four with compression. The injured worker's current medication regimen included MS Contin, Percocet, Ibuprofen, and Gabapentin that the injured worker has been taking since at least January of 2015. The treating physician noted that the injured worker had a 50% improvement in pain with the use of the injured worker's current medication regimen. The treating physician noted magnetic resonance imaging of the lumbar spine performed in April of 2014 that was revealing of posterior fusion with decompression of the lumbar four to sacral one, scattered degenerative changes of the facet joints with neural foraminal narrowing that was worst in the left lumbar four to five with abutment of the exiting left lumbar four nerve root. On July 20, 2015 the

treating physician requested computed tomography myelogram of the lumbar spine to rule out differentials secondary to the injured worker's pain. The treating physician also requested the medications of Medrol Pak 4mg with a quantity unspecified and Tizanidine 4mg with a quantity unspecified noting that the injured worker has an increase in pain and the acute pain is located lower than the generator site. On July 27, 2015 the Utilization Review determined the requests for computed tomography myelogram lumbar spine, Medrol Pak 4mg with the quantity unspecified, and Tizanidine 4mg with a quantity unspecified to be denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT myelogram lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under CT (Computed Tomography), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Myelography.

Decision rationale: The patient presents on 07/20/15 with chronic pain to the bilateral lower back and left lateral leg, exacerbated by a recent fall and subsequent loss of spinal cord stimulator efficacy. The patient's date of injury is 09/23/09. Patient is status post posterior lumbar fusion from L4 to S1 levels. The request is for CT myelogram lumbar spine. The RFA is dated 07/20/15. The patient is currently prescribed MS Contin, Percocet, Ibuprofen, and Gabapentin. Patient is currently retired. ODG guidelines, Low Back Chapter under CT (Computed Tomography) states: Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. Indications for imaging: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit; Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt, chance-fracture; Myelopathy, neurological deficit related to the spinal cord, traumatic; Myelopathy, infectious disease patient; Evaluate pars defect not identified on plain x-rays; Evaluate successful fusion if plain x-rays do not confirm fusion. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Myelography states: "Not recommended except for selected indication 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." Per progress report dated 07/20/15, treater is requesting a lumbar CT and myelogram to evaluate this patient's recent exacerbation in pain and to rule out differentials secondary to the patient's pain due to having fallen out of bed. Physical examination dated 07/20/15 reveals tenderness to palpation of the L3-L4 levels and decreased biceps and triceps reflexes bilaterally. While a lumbar CT would appear to be indicated given the patient's recent trauma and radicular leg symptoms, there is no suspicion of cerebrospinal fluid leak, or surgical planning, radiation

therapy planning for tumors, evaluation of spinal or basal cisternal disease/infection, discussion that an MRI cannot be tolerated, or that surgical hardware is currently in place. Without such discussion, the request for CT Myelography cannot be substantiated, based on ODG criteria. Therefore, this request is not medically necessary.

Medrol (pak) 4mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) under Medrol Dose Pack.

Decision rationale: The patient presents on 07/20/15 with chronic pain to the bilateral lower back and left lateral leg, exacerbated by a recent fall and subsequent loss of spinal cord stimulator efficacy. The patient's date of injury is 09/23/09. Patient is status post posterior lumbar fusion from L4 to S1 levels. The request is for Medrol (pak) 4mg (quantity unspecified). The RFA is dated 07/20/15. Physical examination dated 07/20/15 reveals tenderness to palpation of the L3-L4 levels and decreased biceps and triceps reflexes bilaterally. No other remarkable examination findings are included. The patient is currently prescribed MS Contin, Percocet, Ibuprofen, and Gabapentin. Patient is currently retired. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) under Medrol Dose Pack - See Corticosteroids (oral/parenteral/IM for low back pain) states Medrol is Not recommended for chronic pain. The guidelines state that "There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) ODG Low Back Chapter recommends in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)" In regard to the request for a Medrol Dosepak, ODG criteria for this class of medications have not been satisfied. Per progress note dated 07/20/15, this patient presents having suffered recent fall from bed and is experiencing an exacerbation in her lower back pain with a radicular component. ODG guidelines do provide support for this class of medications in limited cases for acute radicular pain, provided several criteria are satisfied. In this case, there are subjective complaints of radiculopathy, however physical examination findings do not support any neurological deficit in the lower extremities. Furthermore, guidelines specifically indicate that the patient should be counseled on the risks of oral corticosteroids and that discussion should be documented in the records, which were not provided medical reports. Given the lack of clear cut radiculopathy and documentation of patient risk counseling for this class of medications, this request cannot be substantiated. In addition, treater has not indicated the requested quantity. MTUS does not support open ended requests and requires physician monitoring. Therefore, the request is not medically necessary.

Tizanidine 4mg (quantity unspecified): Overturned

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): Muscle relaxants (for pain).

Decision rationale: The patient presents on 07/20/15 with lower back pain exacerbated by a recent fall and subsequent loss of spinal cord stimulator efficacy. The patient's date of injury is 09/23/09. Patient is status post posterior lumbar fusion from L4 to S1 levels. The request is for Tizanidine 4mg (quantity unspecified). The RFA is dated 07/20/15. Physical examination dated 07/20/15 reveals tenderness to palpation of the L3-L4 levels and decreased biceps and triceps reflexes bilaterally. No other remarkable examination findings are included. The patient is currently prescribed MS Contin, Percocet, Ibuprofen, and Gabapentin. Patient is currently retired. MTUS Guidelines, Muscle Relaxants for pain section, pg 66 states the following: "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study -conducted only in females demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." In regard to the initiation of Tizanidine for this patient's acute exacerbation in lower back pain, the request is appropriate. Progress note dated 07/20/15 notes that this medication is being trialed for this patient following recent fall injury and subsequent flare up in her lower back pain, and is not listed among her prior medications. Given the lack of prior utilization and this patient's acute pain exacerbation, a trial of Tizanidine is an appropriate measure. The request is medically necessary.