

Case Number:	CM15-0171554		
Date Assigned:	09/11/2015	Date of Injury:	02/26/2014
Decision Date:	10/19/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	08/31/2015

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, Hawaii

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 female who sustained an industrial injury on 02-26-2014. Diagnoses include lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, neck pain, and cervical radiculopathy, C4-C7 cervical stenosis with myelomalacia, hyperreflexia, intermittent bowel and bladder problems, and intermittent dizziness. She has a history of obesity, hyperlipidemia and hypertension. A physician progress note dated 08-21-2015 documents the injured worker complains of worsening low back pain with intermittent numbness and tingling in her left lower extremity. She rates her pain as 7-8 out of 10. Pain with medications is rated as 5 out of 10. On examination there is guarding and spasm of the lumbar spine. She has a positive straight leg raise. There is pain with extension-facet loading. Lumbar range of motion is restricted. On 06-03-2015 physician progress note documented the injured worker received an L3-4 transforaminal epidural steroid injection on 05-08-2015 with more than 50% relief and she was able to clean and engage in ADL with greater ease. On this visit she rated her pain in her low back as 4 out of 10. There is documentation that the injured worker has been on Norco since at least February of 2015. She is not working. Treatment to date has included diagnostic studies, medications, aquatic therapy, physical therapy, acupuncture, and transforaminal epidural injections. The treatment plan includes a pain management consultation RVI, random urine sample, and a follow up in 5-6 weeks. Lumbar x ray showed severe facet arthropathy at L5-S1 and L4-5 with decreased disc space with vacuum phenomenon L5-S1. On 10-09-2014 an unofficial Magnetic Resonance Imaging report of the lumbar spine revealed multilevel degenerative disc disease with disc desiccation and mild to moderate spinal canal stenosis and

facet arthropathy. A RFA dated 08-21-2015 is requesting Norco, Pain Management Consult for consideration of a lumbar and thoracic spine injection, a computed tomography of the thoracic and lumbar spine to rule out a tumor, lumbar spine and thoracic spine x rays and a random urine drug screen. Several documents within the submitted medical records are difficult to decipher. On 08-31-2015, the Utilization Review modified the requested treatment Norco 5/325mg #60 for Norco 5-325mg #60 for one month. Lumbar and Thoracic Spine X-Rays were non-certified on 08-31-2015. CT Scans of the Thoracic and Lumbar Spine were non-certified on 08-31-2015. There is documentation that a request for two times a week for six weeks 2x6; unspecified was delayed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: 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): Opioids, criteria for use.

Decision rationale: The patient presents with pain affecting the cervical, thoracic and lumbar spine. The current request is for Norco 5/325mg #60. The requesting treating physician report dated 8/21/15 was partially illegible. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Norco since at least 4/7/15 (152B). The report dated 8/21/15 (45B) notes that the patient's pain has decreased from 8/10 to 5/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved such as the ability to participate in a home exercise program. The continued use of Norco has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.

CT Scans of the Thoracic and Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low Back, CT.

Decision rationale: The patient presents with pain affecting the cervical, thoracic and lumbar spine. The current request is for CT Scans of the Thoracic and Lumbar Spine. Multiple current progress reports provided for review were illegible. The requesting treating physician report was not found in the documents provided. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding computed tomography: "Not recommended except for indications below for CT." In this case, there is no documentation in the medical reports provided of thoracic spine trauma, lumbar spine trauma, traumatic Myelopathy or any of the other indications required by the ODG guidelines for a CT scan of the lumbar spine. The current request does not satisfy the ODG guidelines as outlined in the "Low Back" chapter. The current request is not medically necessary.

Lumbar and Thoracic Spine X-Rays: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low Back, Radiography.

Decision rationale: The patient presents with pain affecting the cervical, thoracic and lumbar spine. The current request is for Lumbar and Thoracic Spine X-Rays. Multiple current progress reports provided for review were illegible. The requesting treating physician report was not found in the documents provided. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding radiography: "Not recommend routine x-rays in the absence of red flags. (See indications list below.) Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks." The medical reports provided show the patient has received an MRI of the lumbar spine on 6/30/14 (74B) and an x-ray of the lumbar spine on 4/17/14 (79B). In this case, the patient has received a previous MRI and x-ray of the lumbar spine and there is no rationale by the treating physician as to why the patient requires a repeat x-ray. Furthermore, there is no evidence of red flags in the documents provided and radiograph of the lumbar spine is not recommended in the absence of red flags. The current request does not satisfy the ODG guidelines as outlined in the "Low Back" chapter. The current request is not medically necessary.