

Case Number:	CM15-0178393		
Date Assigned:	09/18/2015	Date of Injury:	09/10/1990
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/10/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 60-year-old female worker who was injured on 9-10-1990. The medical records indicated the injured worker (IW) was treated for cervical radiculitis; post-laminectomy syndrome, lumbar and cervical; cervical spinal stenosis; trigeminal neuralgia; lumbago; bulge of cervical disc without myelopathy; neuropathic pain; left lumbosacral radiculopathy; and muscle spasm. According to the progress notes (7-29-15), the IW reported pain in the cervical and lumbar spine, which she felt was worse in the low back. The neck pain radiated down her arms, worse on the left, and her fingers fell asleep at times. The low back pain radiated down the legs to the feet with a numbing sensation. The lower extremity symptoms had worsened since her lumbar hardware was removed. She had neck surgery (2007) and low back surgery (1996). Medications included Tramadol (since at least 3-19-13), Omeprazole, Cymbalta, Voltaren 1% gel and Naproxen sodium. Physical therapy was not helpful. The physical examination (3-10-15 and 7-29-15) noted range of motion of the cervical, thoracic and lumbar spine were within normal limits. Most recently, no tenderness was present over the spine, bilateral trochanters or sciatic notches. Biceps reflex was 1+ on the left and 2+ on the right. Motor testing was 4 out of 5 in the muscle groups of the left upper extremity. Bilateral straight leg raise was positive. Achilles reflexes were 1+ and patellar reflexes were 2+ bilaterally. The motor and sensory exams were negative in all extremities. Findings of the MRIs of the lumbar spine on 5-18-14 and of the cervical spine dated 9-11-14 as noted by the treating provider: "interbody fusion L4-L5 with anterolisthesis L3 on L4 and degenerative change at L3-L4. Transitional segment at L5, radiograph calls it L5-S1. Cervical MRI shows C6-7 ACDF. There

is some degenerative change at C5-6 with moderate narrowing. Mild narrowing of the neural foramina of C4-5"; the reports were submitted for review. The provider felt an updated MRI of the lumbar spine could help evaluate the cause of the IW's radicular symptoms. A pain management agreement was reviewed. A Request for Authorization was received for lumbar spine MRI and Tramadol 50mg, #60. The Utilization Review on 8-12-15 non-certified the request for lumbar spine MRI and Tramadol 50mg, #60 because the CA MTUS Guidelines were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured workers working diagnoses are cervical radiculitis; post laminectomy syndrome; lumbar and cervical spinal stenosis; trigeminal neuralgia; lumbago; cervical this bold without myelopathy; neuropathic pain; left lumbosacral radiculopathy; and muscle spasm. Date of injury is September 10, 1990. Request for authorization is August 6, 2015. According to the documentation, tramadol was prescribed as far back as September 18, 2014. The exact start date is not specified. According to a new patient consultation dated July 29, 2015, the injured worker presents for evaluation of the cervical and lumbar spine. Subjectively, the injured worker complains of pain at the waist line that radiates to the feet for two months. Objectively, there is no tenderness palpation, range of motion lower extremity is full and complete, motor examination is normal, but there is positive straight leg raising. An MRI of the lumbar spine was performed May 8, 2014. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There is no documentation indicating a significant change in symptoms and/or objective findings suggestive of significant pathology. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation showing a

significant change in symptoms and/or objective findings suggestive of significant pathology, a prior MRI lumbar spine dated May 8, 2014 and an unremarkable neurologic evaluation with minimal findings on clinical examination, MRI of the lumbar spine is not medically necessary.

Tramadol 50 mg, sixty count: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are cervical radiculitis; post laminectomy syndrome; lumbar and cervical spinal stenosis; trigeminal neuralgia; lumbago; cervical this bold without myelopathy; neuropathic pain; left lumbosacral radiculopathy; and muscle spasm. Date of injury is September 10, 1990. Request for authorization is August 6, 2015. According to the documentation, tramadol was prescribed as far back as September 18, 2014. The exact start date is not specified. According to a new patient consultation dated July 29, 2015, the injured worker presents for evaluation of the cervical and lumbar spine. Subjectively, the injured worker complains of pain at the waist line that radiates to the feet for two months. Objectively, there is no tenderness palpation, range of motion lower extremity is full and complete, motor examination is normal, but there is positive straight leg raising. An MRI of the lumbar spine was performed May 8, 2014. The documentation does not demonstrate objective functional improvement. There are no detailed pain assessments or risk assessments. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no detailed pain assessments or risk assessments, Tramadol 50 mg #60 is not medically necessary.