MAXIMUS Federal Services

Case Number:	CM15-0038611		
Date Assigned:	03/09/2015	Date of Injury:	05/19/2006
Decision Date:	04/20/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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 39-year-old male who sustained an industrial injury on 5/19/06. The injured worker reported symptoms in the back and lower extremities. The diagnoses included right lumbar radiculopathy, lumbar spinal stenosis, lumbar myofascial strain, lumbago, and left lumbar radiculitis. Treatments to date include oral pain medication, activity modification, cane, acupuncture treatment, chiropractic therapy, epidural steroid injection, status post micro decompression surgery on 5/3/12. In a progress note dated 2/17/15 the treating provider reports the injured worker was with "legs felt weak and he reports a tingling and numb sensation. New onset of right sided numbness".

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with low back pain radiating to bilateral lower extremities rated at 6-7/10. The request is for MRI of the lumbar spine. The request for authorization is dated 02/17/15. The patient is status-post micro decompressive surgery, 05/03/12. TFESI bilateral L5 nerve root on 02/06/13 and 01/29/14. EMG on 08/29/14 shows evidence of a lumbar plexopathy affecting primarily the lateral (peroneal) portion of the R lumbosacral plexus. He continues to report cramping in his bilateral calves. Sitting, standing, and walking for long periods of time will increase his pain. The patient reports of a pain increase when bending forward and extending his back, such as putting his shoes on. He reports when bending forward he feels as if "something is going to break" in his low back. The range of motion of the thoracic and lumbar spines is limited in all planes. Straight leg raise is positive bilaterally. The patient reports of burning in his stomach. He does report of nausea due to his medications. He reports of bladder issues since his last visit, and continues to have burning urination. He continues to have right kidney pain and right testicular pain. He continues to utilize a cane for stability when walking. The patient has had 6 sessions of acupuncture with no relief, 24 sessions of chiropractic treatment with some relief. Patient's medications include Nortripyline, Tramadol, Prilosec, Senna and Lyrica. The patient is not working.ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)". Per progress report dated 12/18/14, treater's reason for the request is "the EMG shows abnormal results and to further evaluate the patient's continued low back pain and lower extremity complaints." However, per UR letter dated, 02/19/15, the patient had a postoperative MRI of the lumbar spine, 10/25/12. Subjective worsening is an inadequate reason for obtaining another MRI. There are no new injuries, no deterioration or progression of neurologic deficits, no red flags such as suspicion for tumor, infection or fracture. Based on submitted documentation and discussions there does not appear to be a valid reason for an updated MRI. Therefore, the request is not medically necessary.

Tramadol/APAP 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain radiating to bilateral lower extremities rated at 6-7/10. The request is for Tramadol/Apap 37.5/325mg #90. The request for authorization is dated 02/17/15. The patient is status-post micro decompressive surgery,

05/03/12. TFESI bilateral L5 nerve root on 02/06/13 and 01/29/14. EMG on 08/29/14 shows evidence of a lumbar plexopathy affecting primarily the lateral (peroneal) portion of the R lumbosacral plexus. He continues to report cramping in his bilateral calves. Sitting, standing, and walking for long periods of time will increase his pain. The patient reports of a pain increase when bending forward and extending his back, such as putting his shoes on. He reports when bending forward he feels as if "something is going to break" in his low back. The range of motion of the thoracic and lumbar spines is limited in all planes. Straight leg raise is positive bilaterally. The patient reports of burning in his stomach. He does report of nausea due to his medications. He reports of bladder issues since his last visit, and continues to have burning urination. He continues to have right kidney pain and right testicular pain. He continues to utilize a cane for stability when walking. The patient has had 6 sessions of acupuncture with no relief, 24 sessions of chiropractic treatment with some relief. Patient's medications include Nortripyline, Tramadol, Prilosec, Senna and Lyrica. The patient is not working. 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 4A's (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. Per progress report dated, 02/17/15, treater's reason for the request is "as needed for pain." The patient has been prescribed Tramadol/APAP since at least 12/18/14. Treater documents the patient states "that the medications do help decrease his pain and allows him to increase his activity level." A CURES 01/19/15 and UDS 01/20/15 is consistent with patient's history and medications prescribed. Treater states, "He denies any side effects from these medications. No signs of abuse, diversion, addiction, misuse." However, MTUS requires appropriate discussion of all the 4A's, and in addressing the 4A's, treater does not discuss how Tramadol/APAP significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument has been used to show functional improvement. Therefore, given the lack of documentation as required by MTUS, the request is not medically necessary.

Med panel to evaluate liver and kidney function: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines periodic lab monitoring Page(s): 70.

Decision rationale: The patient presents with low back pain radiating to bilateral lower extremities rated at 6-7/10. The request is for MED panel to evaluate liver and kidney function. The request for authorization is not provided. The patient is status-post micro decompressive surgery, 05/03/12. TFESI bilateral L5 nerve root on 02/06/13 and 01/29/14. EMG on 08/29/14 shows evidence of a lumbar plexopathy affecting primarily the lateral (peroneal) portion of the R lumbosacral plexus. He continues to report cramping in his bilateral calves. Sitting, standing, and walking for long periods of time will increase his pain. The patient reports of a pain increase when bending forward and extending his back, such as putting his shoes on. He reports when bending forward he feels as if "something is going to break" in his low back. The range of

motion of the thoracic and lumbar spines is limited in all planes. Straight leg raise is positive bilaterally. The patient reports of burning in his stomach. He does report of nausea due to his medications. He reports of bladder issues since his last visit, and continues to have burning urination. He continues to have right kidney pain and right testicular pain. He continues to utilize a cane for stability when walking. The patient has had 6 sessions of acupuncture with no relief, 24 sessions of chiropractic treatment with some relief. Patient's medications include Nortripyline, Tramadol, Prilosec, Senna and Lyrica. The patient is not working. MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Treater does not provide reason for the request. A med panel can be useful in examining a patient's overall hepatic and renal function. However, the patient is not currently on NSAIDs, as the Tramadol/APAP is not authorized. Therefore, the request is not medically necessary.