

Case Number:	CM15-0091382		
Date Assigned:	05/18/2015	Date of Injury:	06/22/1986
Decision Date:	06/23/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/12/2015

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: New York

Certification(s)/Specialty: Emergency 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:

The injured worker is a 71-year-old male, with a reported date of injury of 06/22/1986. The diagnoses include post-laminectomy syndrome of the lumbar region, long-term (current) use of other medications, other chronic pain, and chronic intractable pain, status post multiple failed surgeries. Treatments to date have included oral medications, an x-ray of the lumbar spine on 01/20/2015 which showed status post lower lumbosacral fusion, mild straightening alignment, mild L3 on L4 retrolisthesis, and L3-4 and L5-S1 disc narrowing. The medical report dated 04/16/2015 indicates that the injured worker complained of low back pain. It was noted that the injured worker was taking hydrocodone 7.5mg every three hours, up to four a day, sometimes five a day. The objective findings include tenderness of the left lower end incision area in the paraspinal muscles, restricted lumbar range of motion. It was noted that the CURES report showed no red flags. There was no documentation of the injured worker's pain level rating or functionality. The medical report dated 02/12/2015 indicates that the injured worker's acute low back pain was doing much better, and his pain was better under control. The pain was rated 6-7 out of 10 on medications, and his function was returning to baseline. The objective findings include limited range of motion with pain, and no red flags in the CURES report. It was noted that the injured worker remained without significant side effects of the medications, the medications were taken as prescribed, and his functional activities on opiates as prescribed as compared to functional status when not taking them was significantly improved. It was also noted that the injured worker did not have success with non-opiate pain medications. The treating physician requested Norco 7.5mg/325mg #120 with two refills, lumbar medial branch

block, computerized tomography (CT) scan of the lumbar spine for focal left lower paraspinal pain and to ensure integrity of lower spinal fusion, and an x-ray of the left sacroiliac (SI) joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

The remaining Norco 7.5/325 mg #60 refills 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate Page(s): 77-81.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above-recommended documentation. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

Lumbar MBB L4-5, L5-S1 facet joints on (L) side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: CA MTUS chronic pain guidelines recommends spinal injections when a patient has symptoms, physical examination findings, and radiographic or electrodiagnostic evidence to support a radiculopathy. With this, the documentation does not support ongoing radicular pain. There are no electrodiagnostic studies included in the chart materials. The physical examination does not document any findings of radiculopathy. Without the support for ongoing radiculopathy, the request for facet injection is not medically necessary. The kind of injection considered has not been described. There are many kinds of injections, many of which lack good medical evidence. The treating physician will need to provide a more specific referral to allow for an adequate demonstration of medical necessity. The MTUS for chronic pain states that epidural steroid injection is only for very specific radiculopathies shown by objective means. A specific radiculopathy has not been described to date in this injured worker. There is not an adequate basis on which to approve lumbar injection, it is not medically necessary.

CT scan L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 - Computed Tomography.

Decision rationale: CA MTUS is silent on this topic. According to the above reference, computed tomography studies are recommended only for very specific conditions. With respect to the lumbar spine, these include lumbar spine trauma with fracture of seat belt use. MRI studies have replaced computed tomography, "noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability." The IW does not have documented radiculopathy. There is no documentation or acute trauma or concern for missed fracture pathology. Without this supporting documentation, the request for a CT scan of L3-S1 is not medically necessary.

X-ray (L) SI joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 - radiography.

Decision rationale: Ca MTUS is silent on this topic. The above reference does not recommend routine radiography except in certain red flag conditions. There are no red flag conditions specific to SI joints. Red flag conditions that could be considered include "Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70; Uncomplicated low back pain, suspicion of cancer, infection; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, painful; Myelopathy, sudden onset; Myelopathy, infectious disease patient; Myelopathy, oncology patient; Post-surgery: evaluate status of fusion." The IW does not have any of these red flag conditions. It is unclear of the provider's concern in requesting these studies. Without supporting documentation or presence of red flag conditions, the request for SI joint x-rays on the left is not medically necessary.