

Case Number:	CM13-0006544		
Date Assigned:	06/06/2014	Date of Injury:	05/08/2009
Decision Date:	07/28/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male with a date of injury of 5/8/2009. Per the primary treating physician's interim report, with request for authorization dated 6/17/2013, the injured worker has pain that affects his cervical spine, thoracic spine, lumbar spine, and right ankle. An examination of the lumbar spine reveals limited range of motion. There is tenderness over the L1-L4 level. There was hypertonicity noted over the lumbar spine. The Kemp's test was positive bilaterally, right greater than left. The straight leg raise test was positive on the right at 60 degrees to the right lateral thigh. The strength testing was 4/5 strength in the quadriceps, extensor hallucis longus and ankle plantar flexors. The sensation was decreased in the L4 nerve root and normal in the L5 and S1 nerve roots. Reflexes were +2 in the L4, L5, and S1 muscle groups bilaterally. An examination of the left ankle revealed limited range of motion, with plantar flexion at 30 degrees, dorsiflexion at 20 degrees, inversion at 20 degrees and eversion at 20 degrees. Anterior drawer test was negative. There was plantar fascia and Achilles insertion tenderness noted. The diagnoses include: 1) chronic cervical strain with disc herniation; 2) chronic lumbosacral strain with disc herniation; 3) ankle pain status post arthroscopy; 4) bilateral lower extremity radicular pain; and 5) multiple non-orthopedic issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The medical documentation indicates that the injured worker has worsening symptomatology, with radiation involving the entire right upper extremity. The injured worker has had an MRI previously, and this is a request for a repeat MRI, based on the injured worker's report that the symptoms are worse. The medical documents do not provide any objective findings that suggest changes in pathology that may indicate the need of repeat imaging. The MTUS/ACOEM Guidelines indicate that if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are also not met, such as emergence or a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Repeating a cervical MRI is not likely to provide a benefit for the injured worker in his present condition and treatment plan. The request for MRI of the cervical spine is determined to not be medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

Decision rationale: The medical documentation indicates that the injured worker has worsening symptomatology, with radiation involving the entire right lower extremity. The injured worker has had an MRI previously, and this is a request for a repeat MRI based on the injured worker's report that the symptoms are worse. The medical documents do not provide any objective findings that suggest changes in pathology that may indicate the need of a repeat imaging. The MTUS/ACOEM Guidelines do not recommend the routine use of an MRI with low back complaints. An MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. It is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. This request for an MRI of the lumbar spine is for a repeat imaging study, although there is no significant clinical change since that time that would necessitate another MRI within these guidelines. The request is determined to not be medically necessary.

Retrospective request for Restoril (temazepam) 15mg #30, one to two (1-2) tablets by mouth, approximately thirty (30) minutes before bedtime (dispensed: 06/17/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia section.

Decision rationale: Restoril is prescribed thirty (30) minutes prior to bedtime. While the MTUS Guidelines do address the use of benzodiazepines for use in chronic pain, they do not address benzodiazepines for the use in insomnia. The Official Disability Guidelines indicate that pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a seven to ten (7 to 10) day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically, whereas secondary insomnia may be treated with pharmacological and/or psychological measures. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities, such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for prescription of restoril 15 mg, #30, one to two (1-2) tablets by mouth, approximately thirty (30) minutes before bedtime is not medically necessary.