

Case Number:	CM13-0020355		
Date Assigned:	01/15/2014	Date of Injury:	07/05/2013
Decision Date:	03/24/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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 physician 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:

Patient is a 51 year old female with date of injury on 7/5/13. Patient is being treated for thoracic and low back symptoms from a lifting injury. Diagnoses include lumbar sprain/strain and thoracic sprain/strain. Subjective findings are increasing pain rated 6/10, with pain mainly in L5-S1 area. Physical exam shows tenderness over right sacroiliac joint and right paravertebral muscles, nonspecific weakness, with normal range of motion, without noted radicular symptoms. Treatments had included Flexeril, Tylenol, Ultram, Robaxin and physical therapy. X-rays of lumbar and thoracic spine demonstrated degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three phase bone scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

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, Bone Scan.

Decision rationale: The ODG does not recommend bone scans, except for bone infection, cancer, or arthritis. Bone scans can be useful to show radioactive uptake to detect metastases,

infection, inflammatory arthropathies, significant fracture, or other significant bone trauma. Aside from these specific indications routine bone scanning is not recommended in any low back pain population. For this patient, there is no documentation suggestive of infection, malignancy, inflammatory arthropathy or fracture. In the absence of these clinical findings the medical necessity of a bone scan is not established.

Methylprednisone 4mg Dosepak #21: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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 Steroids.

Decision rationale: ACOEM guidelines state that oral corticosteroids are not recommended for low back pain. ODG recommend corticosteroids in certain circumstances for acute radicular pain, but are not indicated for acute non-radicular pain or chronic pain. This patient has acute non-radicular pain and guidelines are clear in not recommending corticosteroids for this category of low back pain. Therefore the use of a Medrol dose pack is not medically necessary.

Carisoprodol 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-288.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL Page(s): 29.

Decision rationale: CA MTUS does not recommend carisoprodol. This medication is not indicated for long-term use. This medication is only recommended for a 2-3 week period. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. This patient has used two different muscle relaxants over 6-7 weeks and had no documented pain relief or functional improvement. Due to the lack of effectiveness of this medication class, further treatment would not be medically necessary. For these reasons, the use of carisoprodol is not medically necessary.