MAXIMUS Federal Services

Case Number:	CM13-0030458		
Date Assigned:	12/11/2013	Date of Injury:	03/08/2002
Decision Date:	02/04/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The patient is a 64-year-old male who reported a work related injury on 03/08/2002. The patient is status post right knee arthroscopies and right shoulder arthroscopy. An unofficial MRI of the lumbar spine noted critical stenosis at L2-3, L3-4 and L4-5 due to advanced degenerative disc and joint changes as well as thickening of the ligamentum flavum. Patient has undergone previous lumbar epidural steroid injections, left greater trochanteric bursa injection, lumbar facet injections and left hip injection with very good benefit to his low back and lumbar radicular symptoms. A request has been made for a repeat MRI of the lumbar spine and renewed prescription for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI OF THE LUMBAR SPINE WITHOUT CONTRAST: 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), Treatment Index, 18th Edition (web), 2013, Treatment in Workers Compensation, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Magnetic Resonance Imaging.

Decision rationale: Recent clinical documentation submitted for review stated the patient reported he had experienced significant benefit with his most recent left L4 and L5 transforaminal epidural steroid injections, bilateral L5-S1 intra-articular facet injections and left greater trochanteric bursa injection on 11/11/2013. He stated his low back pain was reduced by approximately 95%. Sensory function exhibited decreased sensation over the left L5 dermatome. California Medical Treatment Guidelines indicate unequivocal objective findings that identify specific nerve compromise on the neurologic examination or sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The patient's previous MRI of the lumbar spine noted stenosis at L2-3, L3-4, and L4-5 due to advanced degenerative disc and joint changes. Official Disability Guidelines indicate repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology to include tumor, infection, fracture, neurocompression or recurrent disc herniation. There is a lack of documentation stating the patient had a significant change in symptoms. Objective findings per patient's physical exams did not indicate significant pathology was noted for the patient. Therefore, repeat MRI of the lumbar spine without contract is noncertified.

RENEWED PRESCRIPTION OF PERCOCET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: Recent clinical documentation stated the patient reported that Percocet allowed him to increase independent function without significant side effects. Percocet is an opioid analgesic. California Chronic Pain Medical Treatment Guidelines indicate the 4 A's for ongoing monitoring should be documented for patients taking opioids for pain management to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent drug-related behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There was a lack of documentation noting the patient had functional benefits which could be objectively measured due to the use of Percocet. He continued to complain of ongoing pain to his low back rated at 7/10. There was no pain scale noted for the patient after the use of his medications. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Information from family members or other care givers should be considered in determining the patient's response to treatment. Given the above, the decision for renewed prescription for Percocet is noncertified.