

Case Number:	CM13-0030877		
Date Assigned:	11/27/2013	Date of Injury:	01/15/2002
Decision Date:	02/18/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/02/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury that took place on January 15, 2002. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and a cane. An August 27, 2013 progress note states that the applicant presents with chronic low back pain. The applicant states he is frustrated and losing hope. He also states that the prior usage of Kadian allowed him to stay on the job; this was corroborated by the attending provider, who adds that the applicant was also able to improve in terms of activities of daily living. He now states that he is disabled and unable to work. He is a nonsmoker. He is somewhat overweight, with a BMI of 33. He also has symptomatic multilevel spondylolisthesis. An August 13, 2013 note states that the applicant fell in the shower and may have a compression fracture; x-rays were sought to determine this.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar spine x-rays: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines, radiographs of the lumbar spine are recommended when red flags for fracture are present. In this case, the applicant apparently slipped and fell in the shower in August 2013. The attending provider stated that he suspected a compression fracture. Performing x-rays to evaluate this would be an appropriate action. Accordingly, the request is certified.

Kadian: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy including evidence of successful return to work, improved functioning, and reduced pain brought about by ongoing opioid usage. In this case, the applicant did achieve and/or maintain a successful return to work through prior usage of Kadian. The attending provider stated that the applicant also derived appropriate analgesia and improved performance of ambulation and other activities of daily living as a result of ongoing Kadian usage. On balance, continuing this medication is indicated. Therefore, the request is certified.