

Case Number:	CM13-0041044		
Date Assigned:	12/20/2013	Date of Injury:	09/16/2011
Decision Date:	03/05/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 47-year-old female who reported an injury on 9/16/11. The mechanism of injury was assisting a heavy patient out of bed. The patient was diagnosed with lumbosacral strain with right sciatica and depression. The patient complained of constant low back pain, right leg pain, and pain to the feet. The patient also reported pain to the left leg at times. The clinical documentation states that the patient continued with depression symptoms and wants more treatment. The patient reported her pain at an 8/10. She reported pain when lifting, pulling, pushing, and twisting. The patient also reported muscle spasms and numbness in the right leg and foot. The patient reported painful intercourse. Objective findings indicated limited range of motion, positive straight leg raise at 75 degrees, and an EMG that showed L5 radiculopathy. The patient had an MRI on 11/1/11 that showed mild annular disc bulge, mild facet hypertrophic change, and mild ligamentum flavum thickening at L3 through L5. There was a multiloculated cystic lesion associated with the right adnexa measuring 3.8 x 4.8 cm, best evaluated using ultrasound. The patient has been treated with physical therapy, massage therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS/ACOEM states that unequivocal objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The guidelines also state that when the neurological examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The Official Disability Guidelines do not recommend repeat imaging in the absence of new or progressive neurological deficits. The patient complained of pain to the low back, however, the documentation submitted for review does not indicate she has had a change in symptoms since the previous MRI. Also, there is no objective clinical documentation submitted for review indicating the patient's conservative treatment. Given the lack of documentation to support guideline criteria, the request for MRI of the lumbar spine without contrast is non-certified.

Tramadol: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS states that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) 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. The patient complained of pain to the low back; however, no clinical documentation was submitted for review indicating a decrease in the patient's pain or an increase in the patient's function level. Also, the documentation does not show if the patient had any side effects. Given the lack of documentation to support guideline criteria, the request for prescription of Tramadol is non-certified.

Prilosec: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The California MTUS states that patients at immediate risk for gastrointestinal events and no cardiovascular disease should use a non-selective NSAID with either a proton pump inhibitor, misoprostol, or a COX-2 selective agent. Guidelines also state long-term proton pump inhibitor use is shown to increase the risk of hip fracture. The patient complained of pain to the low back and the right leg; however, the clinical documentation does not indicate the patient was having gastrointestinal symptoms or was at risk for gastrointestinal events. Given the lack of documentation to support guideline criteria, the request for prescription of Prilosec is non-certified.

surgical consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The California MTUS/ACOEM states that referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms. The patient continued to complain of pain to the low back with right leg pain; however, the documentation does not indicate evidence of objective signs of neural compromise on examination to support the necessity of a surgery consultation. Given the lack of documentation to support guideline criteria, the request for surgical consult is non-certified.