

Case Number:	CM13-0041607		
Date Assigned:	12/20/2013	Date of Injury:	03/08/2000
Decision Date:	03/10/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/14/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 50 year old male presenting with low back pain following a work-related injury in 2000. The claimant reports that the pain is partially controlled with medications and home exercise therapy. The pain is associated with occasional stinging, and is aggravated by sitting. The physical exam was significant for tenderness to palpation at L4-5, moderately severe bilateral paralumbar spasms, tenderness to palpation left SI joint with probable small's node, negative straight leg raise, normal reflexes, and normal gait. The claimant's medications include methadone, Flexeril, Celebrex, Promethazine and senna tabs. The claimant was diagnosed with lumbar discogenic spine pain, lumbar sprain/strain, chronic pain, and lumbar facet arthropathy. The claimant has tried physical therapy. The medical records note that the most recent urine drug screen was negative. The medical records also noted that the claimant had an x-ray, CT and MRI, but an interpretation was not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 30 Methadone HCL 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

Decision rationale: The MTUS guidelines state that weaning off opioids is recommended if (a) there is no overall improvement in function, unless there are extenuating circumstances, (b) continuing pain with evidence of intolerable adverse effects, (c) decrease in functioning, (d) resolution of pain, (e) if serious non-adherence is occurring, and/or (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In addition it was also noted that the claimant may not have been compliant with medication, given there was documentation of a urine drug screen negative for the prescribed opioid; therefore methadone is not medically necessary.

request for an MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in false positive findings. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the indication of an imaging test to find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The claimant had a physical exam that remain unchanged for numerous office visit and there were not physical signs to warrant a lumbar; therefore it is not medically necessary.

request for bilateral sacroiliac joint injections: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS does not make recommendations on sacroiliac joint injections. The ODG recommends sacroiliac joint blocks as an option if 4-6 weeks of aggressive conservative therapy has failed. The reviewed record documents that the claimant participated in a home exercise program, but without details regarding the length of time and the response to the therapy; therefore, the sacroiliac joint injections are not medically necessary.