

Case Number:	CM13-0042908		
Date Assigned:	12/27/2013	Date of Injury:	10/09/2008
Decision Date:	04/18/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 female with an industrial injury on 10/9/08. An MRI from 4/2/12 demonstrates advanced multilevel degenerative disc disease of the lumbar spine. Slight progression of disease at L1-2 was noted since prior exam on 8/17/10. Exam notes from 7/19/13 demonstrate persistent pain in the lower back radiating to hips as well as problems with her neck with referred pain into the shoulder and down to her left arm. Exam notes from 9/17/13 demonstrate patient complains of low back and cervical spine pain with radiating pain to both lower and upper extremities. X-rays of the lumbar spine show advanced loss of disc height and a vacuum disc at L5-S1 with early calcific changes to the aorta. Medications noted include Flexeril 10 mg tab 1 tab PO Q12 hours prn spasm and Norco 5/325 tablet without directions as to usage. Diagnosis includes Lumbago, Cervical Radiculopathy, Lumbar degenerative disc disease, Lumbaigia and Lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESTART PHYSICAL THERAPY FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: There is insufficient evidence in the records of prior physical therapy visits performed for the lumbar spine condition and functional improvement demonstrated to warrant further physical therapy visits. Therefore the MTUS Chronic Pain Medical Treatment Guidelines have not been satisfied and determination is for non-certification.

MRI OF THE LUMBAR SPINE WITH AND 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) LOW BACK, MRI

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, MRI

Decision rationale: CA MTUS/ACOEM is silent on the issue of repeat MRI lumbar spine. Repeat MRI is not recommended per the ODG and there is insufficient evidence of significant or progressive neurologic deficit to warrant repeat imaging. Therefore determination is for non-certification.

PRESCRIPTION OF TRAMADOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91,93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-93.

Decision rationale: There is insufficient evidence in the records to prior improvement while taking opioids to warrant usage of Tramadol. As the documentation does not demonstrate functional improvement the determination is for non-certification.