MAXIMUS Federal Services

Case Number:	CM13-0058734		
Date Assigned:	12/30/2013	Date of Injury:	01/06/2011
Decision Date:	06/12/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in New York. 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:

The patient has a history of a back injury on 1/6/2011. He has had ongoing back pain and radiating pains into the bilateral lower limbs. He has been managed with physical therapy and medications, including NSAIDs, anti-spasticity agents and Tramadol. MRI on 3/10/2011 showed a small L5-S1 disc protrusion associated with a focal annular tear abutting the left S1 nerve root sleeve. Electro diagnostics on 4/18/2011 showed no evidence of lumbosacral radiculopathy. On 8/18/2011, functional capacity evaluation showed substantial psychosocial and chronic pain overlay. He worked at modified duty until November 2011, at which he ceased working because modified duty work was no longer available. Evaluation on 1/17/2013 noted pain, irritability, anxiety and depression, including some suicidal ideations without intent. Electro diagnostics on 1/17/2013 showed no evidence of lumbosacral radiculopathy. He underwent a functional restoration program from 1/7/2013 to 2/15/2013 but his physical functional level remained low. Further treatment was advised. On 5/28/2013, he had persistent intense pain symptoms, with moderate to severe interference on his daily activities. Neurological examination was intact. As of 11/21/2013, he was noted to be on various medications, including Baclofen, gabapentin, Norco and Trazodone. Exam showed limited back range of motion. Facet loading maneuvers were positive. Neurological examination was intact.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53,180.

Decision rationale: There are no documented findings in the history, examination or basic imaging modalities to support the need for advanced spinal imaging such as a MRI in this case. There are no documented "red flag" symptoms or signs concerning for pathology such as tumor or infection. There is no documented differential diagnosis for the MRI in question (e.g., a herniated disk at a specific level). The records do not support that the MRI is needed to specifically guide clinical management. There is no documented discussion about what specific treatments are being contemplated that require the MRI in question. The MRI is not medically necessary. This determination is consistent with ACOEM guidelines, which recommend a MRI in chronic pain conditions if "if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression." The records do not establish that this type of intervention is being considered.

NORCO 10/325MG, #30 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 80-82.

Decision rationale: The patient has had symptoms and a reduced level of function that have been chronic in nature. It is not likely that opioids would improve the patient's symptoms or function given that there are factors that would predispose him to an unfavorable response to opioid therapy, including anxiety, depression (including even suicidal ideation), and psychosocial and chronic pain overlay on functional testing. The Norco is not medically necessary. This determination is consistent with MTUS Chronic Pain Medical Treatment Guidelines, which indicate pain disorders associated with psychological factors such as anxiety or depression are red flags that indicate that opioids may not be helpful in the chronic phase. The Guidelines also indicate that long-term efficacy of this treatment is unclear, but appears limited.