

Case Number:	CM13-0070104		
Date Assigned:	01/03/2014	Date of Injury:	05/17/2008
Decision Date:	04/21/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/24/2013

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, has a subspecialty in Interventional Spine, 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:

This is a 40 year-old female who was injured on 5/17/2008. She has been diagnosed with: right rotator cuff repair; right labral debridement; right shoulder pain, improving; lumbago; left leg sciatica in the L5 distribution. The right shoulder surgery was on 1/14/2013. According to the 11/8/13 orthopedic report from [REDACTED], the patient presents with improving right shoulder pain, but ongoing low back pain with left leg pain and numbness. On exam of the lumbar spine, there was decreased sensation in the L5 distribution, and left SLR was reported positive at 80 degs. The last lumbar MRI was 1/20/09, and [REDACTED] treatment plan was to get an updated lumbar MRI and for a LLE NCV/EMG, and Celebrex for pain and inflammation. On 11/25/13, [REDACTED], UR recommended non-certification of a positional MRI for the lumbar spine, and recommended modification of the unknown quantity of Celebrex to allow #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CELEBREX: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, specific drug list & adverse effects, Selective COX-2 NSA.

Decision rationale: According to the 11/8/13 orthopedic report from [REDACTED], the patient presents with improving right shoulder pain, but ongoing low back pain with left leg pain and numbness. The request before me is for "1 prescription of Celebrex". This is an incomplete prescription; the dosage, duration/frequency or total number of tablets was not provided. MTUS does recommend anti-inflammatory medication for chronic back pain, but without the strength/dosage/duration and frequency, it cannot be compared to the recommended duration and frequency provided in MTUS. I cannot confirm that the incomplete prescription is in accordance with MTUS guidelines.

1 SINGLE POSITIONAL MRI OF THE LUMBAR WITHOUT CONTRAST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Special Studies and Diagnostic and Treatment Considerations and Official Disability Guidelines (ODG).

Decision rationale: According to the 11/8/13 orthopedic report from [REDACTED], the patient presents with improving right shoulder pain, but ongoing low back pain with left leg pain and numbness. On exam of the lumbar spine, there was decreased sensation in the L5 distribution, and left SLR was reported positive at 80 degs. The last lumbar MRI was 1/20/09, and [REDACTED] treatment plan was to get an updated lumbar MRI. MTUS/ACOEM guidelines discuss MRIs, but not repeat MRIs. ODG guidelines were consulted, and ODG states "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." There was no reported increase or change in the L5 radicular symptoms since the prior MRI. The routine repeat lumbar MRI is not in accordance with ODG guidelines. Also, ODG does not recommend standing or positional MRIs over conventional MRIs.