MAXIMUS Federal Services

Case Number:	CM14-0000196		
Date Assigned:	01/10/2014	Date of Injury:	06/12/2012
Decision Date:	06/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/31/2013

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 Illinois. 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 injured worker is a 27-year-old male who reported an injury on 6/12/12. The mechanism of injury was not provided for review. The injured worker was noted to be taking Norco as of January 2013. The documentation from 11/12/13 revealed that the injured worker continued to have significant low back pain and bilateral lower extremity pain. The injured worker had received two transforaminal epidural steroid injections for the diagnosis of L5-S1 discogenic disease and annular fissure, as well as right lower extremity radiculopathy. It was indicated that the injections helped for two weeks. The injured worker indicated that his symptoms were almost debilitating. The injured worker indicated that he feels weak in the right lower extremity and feels fatigue in his low back and lower extremities. Physical examination revealed the injured worker was able to heel and toe walk. Palpation of the low back revealed tenderness and paraspinal muscle spasms. There was worsening pain with flexion and backward extension. The injured worker had decreased sensation in the right posterolateral thigh and leg. Deep tendon reflexes were 2+/2 in the bilateral knees and left ankle, and were decreased in the right ankle. The straight leg raise test was positive on the right, but not on the left. The diagnoses included discogenic low back pain, degenerative disc disease, annular fissure of L5-S1, and right lower extremity radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAPHY AND POST DISCOGRAN CT SCAN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305, 307. 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 rationale: The ACOEM Guidelines indicate that discography may be used where fusion is a realistic consideration and it should be reserved for injured workers who meet the following criteria: back pain of at least three months duration, failure of conservative treatment, satisfactory results from detailed psychosocial assessment, being a candidate for surgery, and having been briefed on the potential risks and benefits from discography and surgery. The clinical documentation submitted for review failed to indicate the injured worker had a psychosocial assessment. There was a lack of documentation indicating a failure of conservative treatment. There was a lack of documentation indicating the injured worker was a candidate for a fusion. The request as submitted failed to indicate the level for the requested procedure. As such, the request is not medically necessary.

PAMELOR 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The California MTUS guidelines recommend antidepressants as a first line therapy for the treatment of neuropathic pain. They are especially recommended if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to continue usage. In this case, the duration of use could not be established through supplied documentation. The clinical documentation submitted for review failed to provide documentation of objective decreases in pain and increased objective functional improvement. The request as submitted also failed to indicate the frequency for the requested medication and the quantity of medication being requested. As such, the request is not medically necessary.

NORCO 10/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 83, 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for the treatment of chronic pain under the condition that there should be documentation of objective functional

improvement, an objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. There was documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects; however, there was a lack of documentation of objective functional improvement and objective decrease in pain. The request as submitted also failed to indicate the frequency for the requested medication. As such, the request is not medically necessary.