

Case Number:	CM14-0005574		
Date Assigned:	07/02/2014	Date of Injury:	02/12/2001
Decision Date:	08/12/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 12, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar laminectomy surgery; unspecified amounts of physical therapy; genetic testing; and opioid therapy. In a Utilization Review Report dated December 16, 2013, the claims administrator denied a request for lumbar MRI, lumbar support, and Norco. The applicant's attorney subsequently appealed. In a handwritten note dated December 5, 2013, the applicant was placed off of work, on total temporary disability. The applicant apparently presented with the primary complaint of chronic low back pain. The note was sparse, handwritten, and difficult to follow. On December 2, 2013, the applicant was again described as reporting 8/10 pain. The applicant stated that the earlier trigger point injections were unsuccessful and that they did not last. Lyrica, Cymbalta, Norco, Ativan, and lumbar MRI imaging were sought. The applicant was asked to try a back support. The applicant was incidentally described as having 5/5 lower extremity strength, intact sensorium, and a normal gait. It was stated that the applicant could potentially be a candidate for epidural steroid injection therapy and/or a spinal cord stimulator. The applicant denied any leg weakness or difficulty walking, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging study should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, the applicant is not apparently actively considering or contemplating lumbar spine surgery. The applicant does not have any profound lower extremity neurologic deficits which would call into question a red flag diagnosis such as fracture, tumor, cauda equina syndrome, etc., which would compel lumbar MRI imaging. Therefore, the request for a Lumbar MRI is not medically necessary or appropriate.

Lumbar brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, lumbar supports have not been shown to have any benefit outside the acute phase of symptom relief. In this case, the applicant is, quite clearly, well outside of the acute phase of symptom relief following February 12, 2011 industrial injury. Introduction and/or ongoing usage of a lumbar support is not indicated at this late date, over 10 years removed from the date of injury. Therefore, the request for a lumbar brace is not medically necessary or appropriate.

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Section Page(s): 80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, however, the applicant is off of work. There have been no documented improvements in pain and/or function despite ongoing usage of pain medications, including ongoing usage of Norco. The

applicant is apparently reporting heightened complaints of 8/10 pain, despite ongoing Norco usage. It does not appear, on balance, that ongoing usage of Norco has been beneficial here. Therefore, the request for Norco is not medically necessary or appropriate.