

Case Number:	CM14-0101007		
Date Assigned:	07/30/2014	Date of Injury:	02/26/1993
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 62 year-old male was reportedly injured on 2/26/1993. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 5/27/2014. The physical examination demonstrated lumbar spine: positive paraspinal muscle tenderness to palpation and has ongoing complaints of chronic low back pain. There is pain with range of motion and negative straight leg raise but patient sensory exam and motor exam is normal. No diagnostic study available for review. Previous treatment includes physical therapy, medication, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and injections. A request was made for MRI the lumbar spine, Fentanyl Patch #10 and was not certified in the pre-authorization process on 6/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: ACOEM practice guidelines support a MRI of the lumbar spine for patients with subacute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending

towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. In review of the available medical records I was unable to find any noted radiculopathy on physical exam. As such, the request is not considered medically necessary.

Fentanyl Patch #10: 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): 44, 93.

Decision rationale: MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Treatment guidelines specifically state Fentanyl is "not recommended for musculoskeletal pain." Review of the available medical records, fails to document improvement in pain or function with the current treatment regimen. Given the date of injury, clinical presentation and current diagnosis, this request is not considered medically necessary.