

<b>Case Number:</b>	CM14-0102203		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/02/2003
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 67-year-old female who reported an injury on 03/02/2003 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included physical therapy and aquatic therapy. The only examination submitted for review was dated 10/31/2014. It was noted that the injured worker had had an acute exacerbation of chronic pain of the lumbar spine. Physical findings included tenderness to palpation and guarding of the right paraspinal musculature, with a positive right sided Kemp's test, positive right sided Gaenslen's test, positive right sided Patrick FABERE test, and positive sacroiliac joint test. The injured worker had limited range of motion of the lumbar spine secondary to pain. It was noted that the injured worker had undergone an MRI of the lumbar spine on 04/17/2011. The injured worker's diagnoses included lumbar musculoligamentous sprain/strain, bilateral plantar fasciitis, bilateral wrist sprain/strain, and right sacroiliac joint sprain. Due to the injured worker's acute exacerbation of chronic pain, a request was made for physical therapy and aquatic therapy. The request for a refill of medications to include Ultram and ibuprofen was also made. A request for an MRI of the lumbar spine, a rheumatology consultation, Ultram 50 mg #120, and x-rays of the lumbar spine was submitted. No justification for the request was provided. No Request for Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, low back, MRI's

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG) Low Back Chapter, Magnetic Resonance Imaging (MRI)

**Decision rationale:** The requested MRI of the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends lumbar MRIs for patients with clinically evident radiculopathy. The clinical documentation does indicate that the injured worker underwent an MRI of the lumbar spine in 2011. Official Disability Guidelines recommend repeat imaging for patients who have progressive neurological deficits or a significant change in clinical presentation to support the need for additional imaging. The clinical documentation submitted for review does not provide any recent assessment to support a progressive neurological deficit or findings suggestive of a significant change in pathology. Therefore, an MRI of the lumbar spine would not be supported in this clinical situation. As such, the requested MRI of the lumbar spine is not medically necessary.

**Rheumatology Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Medical Examinations and Consultations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) 7, page(s) 127

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends specialty consultations for injured workers who have complicated diagnoses and would benefit from the additional expertise of a specialist for treatment planning purposes. The clinical documentation submitted for review does not provide a recent assessment of the injured worker to support the need for a rheumatology consultation. There is no documentation that the injured worker's treating provider has exhausted all conservative and diagnostic interventions. As such, the requested rheumatology consultation is not medically necessary.

**Ultram 50 MG # 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends continued opioid usage is supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 10/2013. However, there is no recent clinical documentation to support the efficacy of this medication. Therefore, continued use would not be supported. Additionally, there was no documentation that the injured worker is monitored for aberrant behavior. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Ultram 50 mg #120 is not medically necessary.

**X-Rays of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The American College of Occupational and Environmental Medicine does not support the routine use of x-rays in the absence of red flag conditions beyond the acute phase of treatment. The clinical documentation does indicate that the injured worker is in a chronic phase of treatment. There were no significant findings reported in the submitted documentation to support the need for an x-ray due to red flag conditions. The clinical documentation submitted for review did not include a recent assessment of the injured worker to support the need for additional diagnostic imaging. As such, the requested x-rays of the lumbar spine are not medically necessary.