MAXIMUS Federal Services

Case Number:	CM14-0114449		
Date Assigned:	08/04/2014	Date of Injury:	01/05/2009
Decision Date:	09/23/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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:

This 59 y/o male has developed chronic low back pain subsequent to an injury date of 1/6/09. He is being treated conservatively and is diagnosed with chronic low back pain with radiculitis. He has current complaints of bilateral leg numbness and positive SLP testing bilaterally. A detailed neurological exam is not documented. Prior MRI studies in '12 revealed advanced spondylosis with multi level foraminal stenosis, large disc herniations and mild central cord stenosis. His oral analgesics consist of Tramadol 50mg 3x's a day and Gabapentin 300mg. at night. It is clearly documented in the patients self reporting that the pain medications help very little and do not assist in any day to day activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Overturned

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.

Decision rationale: MTUS Guidelines support MRI testing if there are neurological changes, red flag conditions or an invasive procedure is warranted. The requesting physician does not

document a detailed exam or history, but the prior MRI reveals the risk of myelopathy and the bilateral leg numbness is bothersome development from a medical perspective. Guidelines support MRI testing under these circumstances. The repeat lumbar MRI is medically necessary.

Follow up visit: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: MTUS Guidelines assume there will be follow medical evalutions when there is prolonged disability. The request for a follow visist is consistent with Guidelines and medically necessary.

Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: MTUS Guideines support the use of Gabapentin if it results in at least 30% pain relief. It is clearly documented by the patient and physician that the medications are minimally beneficial at the dosing recommended. On going treatment at this dose is not supported by MTUS and is not medically necessary. The patient is being given a minimal dose for this medication and a trial of increasing it to the recommended maximum dose is not precluded by this review.

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids ongong management Page(s): 78.

Decision rationale: MTUS Guidelines do not recommend the continued use of an Opioid if it does not provide meaningful pain relief and some functional benefits. It is clearly documented that the Tramadol has not met these criteria. The ongoing use of Tramadol is not medically necessary. This does not preclude the trial of other pain medications including a trial of other medications in the Opioid class of drugs.