MAXIMUS Federal Services

Case Number:	CM14-0114470		
Date Assigned:	08/01/2014	Date of Injury:	12/09/1999
Decision Date:	09/10/2014	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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 injured worker is a 62 year old female with date of injury 12/9/99 and has related low back pain. Per a progress report dated 5/12/14, she indicated her overall pain was 4/10 in intensity. Per a physical exam, the right leg was 3/4 of an inch short indicating functional pelvic deficiency and postural compromise. The palpatory examination of the spine, sacral region, and pelvic range discloses the following findings: Malalignment was apparent with concomitant tender musculatures specific to the lower cervical area bilaterally. Pain to palpation was evident at the upper thoracic area bilaterally. Malposition was detected with associated spastic deep paraspinal musculatures overlying the left middle Lumbar range. Tender and inflamed deep paraspinal musculatures were located in the left lower lumbar area. Misalignment was noted together with spastic deep paraspinal musculatures located at the right middle lumbar spine. Myospasm, edema, and pain to palpation were present overlying the left sacral region. Evidence of malalignment was identified plus spasm and tenderness located in the right sacral region. Signs of joint dysfunction were identified with pain to palpation and edema localized to the left pelvic area. Apparent myospasm and tenderness were detected in the right pelvic range. X-ray of the left knee & tibia/fibula was unremarkable. MRI of the lumbar spine dated 12/12/12 revealed disc bulges, foraminal and central canal stenosis at multiple levels. Treatment to date has included lumbar spine surgery in 2001 with bilateral L4-L5 hemilaminectomy, physical therapy, chiropractic manipulation, and medication management. The date of UR decision was 6/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: 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".

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Per ODG guidelines, repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation indicates that the injured worker had lumbar spine MRIs in 2004, 2011, and 2012. There was no documentation of any recent significant change in symptoms or exam findings. The request is not medically necessary.

Xrays Left knee and tibia/fibula: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Radiography (x-rays).

Decision rationale: Per ODG guidelines, the indications for x-ray imaging of the knee are: - Acute trauma to the knee, fall or twisting injury, with one or more of following: focal tenderness, effusion, inability to bear weight. First study.- Acute trauma to the knee, injury to knee >= 2 days ago, mechanism unknown. Focal patellar tenderness, effusion, able to walk.- Acute trauma to the knee, significant trauma (e.g, motor vehicle accident), suspect posterior knee dislocation.- Nontraumatic knee pain, child or adolescent - nonpatellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table).- Nontraumatic knee pain, child or adult: patellofemoral (anterior) symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view.- Nontraumatic knee pain, adult: nontrauma, nontumor, nonlocalized pain. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). (ACR, 2001) (Pavlov, 2000)The documentation submitted for review did not note any red flag condition of the injured worker's left knee or lower leg. The request is not medically necessary.

Ultram 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 78, 93 Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals neither documentation to support the medical necessity of Ultram nor any documentation addressing the'4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary.