

Case Number:	CM14-0115627		
Date Assigned:	08/04/2014	Date of Injury:	12/02/2013
Decision Date:	10/02/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/23/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 50 year old female who reported an injury on 12/2/2013 to her low back. The mechanism of injury is noted as rolling a patient towards her to put a slide board under when she felt a pain in her back. The utilization review dated 06/23/14 resulted in a denial for a lumbar MRI and the continued use of hydromorphone solution. The previous use of hydromorphone resulted in no significant pain relief. Additionally, no information was submitted regarding emergent findings consistent with the need for MRI. The emergency room note dated 05/14/14 indicated the injured worker having history of chronic back pain as a result of disc bulging. The injured worker utilized tramadol. The injured worker was provided with 10 milligrams of Morphine for relief of low back complaints. Upon exam, the injured worker demonstrated normal range of motion, no edema or tenderness was identified. The injured worker responded appropriately with no complaints of ongoing pain upon reevaluation. The injured worker was subsequently discharged to home.

IMR ISSUES, DECISIONS AND RATIONALES

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

NDL Hydromorphone PF 1mg/ml soln 1 ml CRTRDG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: This request is related to an assessment within the emergency room setting. The injured worker had responded with a reduction in pain. However, no visual analog scale scores (VAS) scores were identified in the documentation. Without objective data in place, the use of this medication is not indicated.

LMRI without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5.

Decision rationale: This request is related to an assessment within the emergency room setting. The injured worker had responded with a reduction in pain. However, no visual analog scale scores (VAS) scores were identified in the documentation. Without objective data in place, the use of this medication is not indicated.