

Case Number:	CM14-0125755		
Date Assigned:	08/13/2014	Date of Injury:	07/08/1998
Decision Date:	10/01/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/08/2014

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 & 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 53-year-old gentleman was reportedly injured on July 8, 1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 18, 2014, indicates that there are ongoing complaints of low back pain with numbness in the left foot. Current medications include OxyContin and Percocet. The physical examination demonstrated the presence of an antalgic gait. There was tenderness along the lumbar spine and a bilateral positive straight leg raise test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar fusion of L4 through S1. A request had been made for a CT scan of the lumbar spine, Percocet 10/325 and a Toradol injection and was not certified in the pre-authorization process on July 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar and Thoracic (Acute & Chronic) - Computed Tomography (updated 08/22/14).

Decision rationale: According to the Official Disability Guidelines the indications for a CT of the lumbar spine include trauma, the presence of a myelopathy, or evaluation of a successful fusion if plain x-rays do not confirm a fusion. The injured employee's lumbar fusion was stated to have been performed over 12 years ago and there is no documentation of an unsuccessful fusion on plain films. As such, this request for a CT scan of lumbar spine is not medically necessary.

Percocet 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioid, dosing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Percocet is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at 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. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Percocet is not medically necessary.

Toradol injection 60mg (DOS 7/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAID's

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ketorolac, Updated September 25, 2014.

Decision rationale: According to the Official Disability Guidelines a Toradol injection is recommended as an option to a corticosteroid injection or as an alternative to opioid therapy however it is not intended for minor chronic painful conditions. The injured employee is diagnosed with chronic low back pain, as such, this request for a 60 mg Toradol injection is not medically necessary.