

Case Number:	CM14-0152735		
Date Assigned:	09/22/2014	Date of Injury:	11/21/2003
Decision Date:	10/22/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/18/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 49-year-old with a reported date of injury of 10/25/2001. The patient has the diagnoses of displacement of a cervical intervertebral disc without myelopathy and degenerative disc disease of the lumbar spine. Previous treatment modalities have included physical therapy and epidural steroid injections. Per the most recent progress notes provided for review by the primary treating physician dated 08/15/2014, the patient was in a motor vehicle accident in-between visits and reports increased pain in the lumbar and cervical region with headaches. The patient has a pending head CT to rule out subdural bleed. The physical exam noted only the vital signs and pain index of 9. Treatment plan recommendations included a lumbar MRI and continuation of pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 10mg #300: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, Page(s): 76-84.

Decision rationale: The long-term use of this medication is not recommended unless certain objective outcome measures have been met as defined above. The patient continues to have severe pain on the medications. There is no objective measurement of improvement in pain. There is no provided objective outcome measure that shows significant improvement in function while on the medication. There is no evidence of failure of other conservative treatment modalities and other first line choices for chronic pain. For these reasons criteria for ongoing and continued use of the medication have not been met. Therefore the request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The request for an MRI is based solely on the subjective complaints of worsening of the patient's low back pain. There is no recorded physical exam that shows nerve tissue insult or impingement. There is no recorded presence of emerging red flags on the physical exam. For these reasons, criteria for imaging as defined above per the ACOEM have not been met. Therefore the request is not medically necessary.