

Case Number:	CM14-0179390		
Date Assigned:	11/03/2014	Date of Injury:	05/16/2001
Decision Date:	12/10/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/29/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 6, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 23, 2014, the claims administrator approved a request for Lyrica, approved a request for Celebrex, approved a request for tramadol, denied a lumbar MRI, approved multilevel medial branch blocks, and denied a thoracic MRI. The applicant's attorney subsequently appealed. In a progress note dated October 10, 2014, the applicant reported 7/10 low back pain without medications versus 4/10 low back pain with medications. The applicant was reportedly using Lexapro, Prilosec, Lyrica, Celebrex, and tramadol. The applicant had received recent trigger point injections. Lyrica, Celebrex, and tramadol were renewed. In another section of the note, it was stated that the applicant's medications were "not helping anymore." The applicant's work status was not furnished. There was no mention of issues with reflux or heartburn on this particular progress note. Lumbar and thoracic MRI imagings were endorsed at the bottom of the report without any associated rationale. The applicant was described as having normal lower extremity sensorium, symmetric lower extremity reflexes, and 5/5 strength throughout the lower extremity musculature. In a progress note dated June 9, 2014, it was acknowledged that the applicant was not working following the imposition of permanent work restrictions. The applicant was apparently given prescriptions for Prilosec, Lyrica, Lexapro, and Celebrex. It was stated that the applicant was having heightened pain complaints on this particular visit. Highly variable 4-6/10 pain with medications was appreciated versus 10/10 pain without medications. The attending provider stated that the applicant did have issues with dysphasia for which she was using Prilosec. Large portions of the progress note employed

preprinted checkboxes. It was stated that the applicant's medications were allowing him to bathe and dress himself and prepare food. Other sections of the note stated that the applicant's pain was worsening and radiating into the bilateral lower extremities. It was stated that the applicant was presenting for an "early refill," at the top of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications; Functional Restoration Approach to Chronic Pain Management; 9792..

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are indicated in applicants who have a history of gastrointestinal (GI) complications, as appears to be present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant is not working. Permanent work restrictions are renewed, seemingly unchanged, from visit to visit. Furthermore, the attending provider has written on several occasions, including on October 10, 2014, that the applicant's medications, including Celebrex were "not helping anymore." These comments, coupled with the applicant's failure to return to work, suggest a lack of functional improvement as defined in MTUS 9792.20f despite ongoing Celebrex usage and outweigh earlier commentary to the fact that the applicant's ability to bathe and dress himself had reportedly been facilitated as a result of ongoing medication usage. 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.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, the attending provider wrote on October 10, 2014 that he was seeking lumbar and thoracic MRI imaging without any attached narrative commentary. It was not stated why or how the proposed lumbar MRI would influence the treatment plan. There was no mention of the applicant's actively considering or contemplating

any kind of surgical intervention involving the same. Therefore, the request is not medically necessary.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the neck and upper back is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, there were no clearly referable symptoms of nerve root compromise referable to the cervical spine evident on the date the request was initiated, October 10, 2014. All of the discussion on that date seemingly transpired around the applicant's low back pain complaints. There was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving either the thoracic spine or the lumbar spine on the date in question. No rationale for the test in question was proffered by the attending provider. Therefore, the request is not medically necessary.