

Case Number:	CM14-0023841		
Date Assigned:	06/11/2014	Date of Injury:	08/08/1989
Decision Date:	07/15/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/25/2014

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 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 46-year-old female who reported an injury on 08/08/1989. The mechanism of injury was not provided. The clinical note dated 02/05/2014 noted the injured worker presented with pain in the back and hip. Upon examination of the hip, there was tenderness to the trochanter, internal rotation of the right hip was 20 degrees, and internal rotation of the left hip was 30 degrees. Previous treatment included medication. The diagnoses were low back pain, degenerative joint disease, and hip pain. The provider recommended an MRI of the lumbar spine and a trial for Metanx, the provider's rationale was not included. The request for authorization form was not included in the medical documents for review.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to

warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documents failed to show evidence of significant neurological deficits on physical examination. Additionally, documentation failed to show that the injured worker has tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies, and neurological deficits on physical exam, an MRI is not supported by the referenced guidelines. As such, the request is not medically necessary.

TRIAL METANX QTY: 54: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation. They show no benefit beyond NSAIDs in pain and overall improvement of efficacy appears to diminish over time. Prolonged use of medications in this class may lead to dependence. The documentation notes that the injured worker tried Metanx with relief, but there was no objective functional improvement with the medication. The request does state that this is a trial of Metanx. The frequency and the dose of the medication was not indicated in the provider's request. As such, the request is not medically necessary.