

Case Number:	CM14-0027477		
Date Assigned:	06/13/2014	Date of Injury:	07/06/2013
Decision Date:	07/16/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/04/2014

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 injured employee is a 19 year-old female who has a reported date of injury of July 6, 2013. It is noted that the previous request for tramadol, Celebrex and SPECT scan was not certified on May 22 2014. The mechanism of injury was noted as a lifting event and twisting the left resulting in low back pain with lower extremity involvement. The pain level was noted to be 7/10. Finding a physical examination noted tenderness to palpation, paravertebral muscle spasm in the lumbar region the spine, a decrease in range of motion and normal sensation. Previous treatment has included chiropractic care, physical therapy, multiple medications and other conservative measures. Diagnostic studies are referenced, noting a disc herniation; however the actual radiographic reports not presented for review. The progress note dated February 18, 2014 at ongoing complaints of low back pain with bilateral lower extremity numbness. The injured employee has not been working for more than a year. The follow-up progress note dated April 3, 2014 noted similar findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #90WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 82.

Decision rationale: This a synthetic opioid analgesic not recommended for a first-line intervention. This is an 18-year-old individual who has a reported disc lesion, has not undergone any definitive intervention, continues to have significant complaints of pain and demonstrating no efficacy or utility with the medication employed. The use of such a medication is for short-term only and not for chronic indefinite use. Therefore, based on the clinical information presented for review this is not medically necessary.

OUTPATIENT PHYSICAL THERAPY 2-3 TIMES XWEEKX6 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: Considering the age of the injured individual, the date of injury, the mechanism of injury, the findings on physical examination and the lack of any improvement associated with previous attempts at physical therapy, there is insufficient clinical data presented to support the medical necessity of such intervention. A course of physical therapy is supported after a short period and then transition to home exercise protocol. Accordingly, this is not medically necessary.

CELEBREX 200MG #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

Decision rationale: This medication is a non-steroidal (Cox II inhibitor) indicated as a first-line treatment for inflammatory processes. There is no noted risk of gastrointestinal complication based on the medical records reviewed. There are no bowel complaints noted, no findings on physical examination or the changes indicating that the indefinite use of such a preparation is warranted. Therefore, this is not medically necessary.

OUTPATIENT SPECT SCAN FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter, updated July, 2014.

Decision rationale: Such a study is not indicated for back pain. In certain specified clinical situations this can be used as part of a screen protocol, however, these maladies (situate lesion or

inflammatory arthropathies) are not noted in the records presented for review. Therefore, based on the medical information presented and the lack of any clinical utility, this is not medically necessary.