MAXIMUS Federal Services

Case Number:	CM14-0038624		
Date Assigned:	06/27/2014	Date of Injury:	09/05/2000
Decision Date:	08/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 54 year old male who sustained injury to his low back on 09/05/00. Mechanism of injury was not described. He had low back pain radiating into the left lower extremity. The injured worker had periodic flare ups with increasing low back pain. Per physical examination dated 01/14/14 the injured worker was permanent and stationary. He had gradual increase in symptoms related to general activity. On physical examination straight leg raise reported increased low back pain he had tenderness with hypertonicity over the paravertebral musculature bilaterally sensation was intact in the lower extremities motor strength was intact and reflexes were 2+ and symmetric magnetic resonance image of the lumbar spine noted disc protrusion with moderate stenosis and mild to moderate facet hypertrophy with mild to moderate bilateral neural foraminal stenosis at L4-5, 2mm disc bulge with possible abutment of S1 nerve root, moderate facet hypertrophy and mild bilateral recess stenosis at L5-S1. Clinical note dated 02/19/14 reported that the injured worker had back pain left greater than right. He had occasional radicular symptoms into both legs extending distally to the calf his visual analog scale score was 9/10 without medications and 7/10 with Ultram. On physical examination straight leg raise was positive on the left for burning radicular type pain into the left gluteal muscles and buttock. Neurological examination revealed intact sensation to bilateral lower extremities deep tendon reflexes were 2+ and motor strength was graded 5. Subsequent request was made for MRI of the lumbar spine and Ultram 50mg #120. Utilization review determination dated 03/13/14 non-certified these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG.

Decision rationale: The request for magnetic resonance image (MRI) of the lumbar spine is not supported as medically necessary. Clinical records indicate that the injured worker has chronic low back pain radiating to the left lower extremity that has largely been stable. The submitted clinical records indicate that the injured worker has intact sensation and motor strength and reflexes in the lower extremities. The records fail to establish a progressive neurological deficit for which repeat MRI of the lumbar spine would be warranted. The injured worker was reported to have positive straight leg raise on examination however as reported this does not meet criteria for positive finding. Given the lack of clear objective data establishing substantive change MRI of the lumbar spine is not medically necessary.

Ultram 50 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Ultram 50mg #120 is not supported as medically necessary. Submitted clinical records indicate that the injured worker has chronic complaints of low back pain radiating to the lower extremities. Records provide no data establishing a chronic pain management contract or performance of routine or random urine drug screen to establish compliance it would further be noted that typically the injured worker reports pain levels of 9/10 with reduction to 7/10 while taking tramadol. The record does not provide any supporting data establishing that this results in substantive functional improvement. As such the continued use of this medication would not be supported as medically necessary.