

Case Number:	CM14-0042505		
Date Assigned:	06/30/2014	Date of Injury:	02/08/2003
Decision Date:	08/29/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/10/2014

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, has a subspecialty in Preventive 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 February 8, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and adjuvant medications. In a Utilization Review Report dated March 12, 2014, the claims administrator denied a request for lumbar MRI, approved a request for cervical MRI, approved electrodiagnostic testing of the bilateral upper extremities, partially certified a request for Norco, and approved a request for Neurontin or gabapentin outright. An earlier CT scan of the lumbar spine of May 11, 2004 was notable for diffuse annular disruption, mild canal stenosis, and degenerative vertebral body endplate changes as well as various osteophytic changes. In a medical-legal evaluation of December 30, 2010, the applicant was described as having persistent complaints of mid back, low back, neck, shoulder, elbow, forearm, wrist, hand, and finger pain. The applicant was apparently not working, it was suggested, as of that point in time. On July 23, 2014, the applicant reported persistent complaints of low back pain and leg pain radiating into bilateral lower extremities. The applicant reported 10/10 pain. The applicant was drinking hard liquor to alleviate her pain, it was stated. The applicant was status post earlier failed lumbar fusion surgeon on October 21, 2011, it was stated. The applicant was placed off of work, on total temporary disability. The applicant apparently had positive straight leg raising, it was noted. The attending provider issued the applicant a prescription for Norco. It was stated that the applicant was also using benazepril, Levoxyl, Zocor, and Fosamax. The attending provider stated that he had asked the applicant to eschew alcohol usage. The attending provider stated that the applicant would likely consider an epidural steroid injection based on the outcome of the pending Independent Medical Review decision. In an earlier progress note of May 22, 2014, the

attending provider stated that he was ordering lumbar MRI imaging to help evaluate the applicant's persistent complaints of low back pain following earlier failed spine surgery. The attending provider stated that repeat lumbar MRI imaging would help establish a diagnosis of possible disk herniation and/or lumbar spinal stenosis which could be addressed through interventional spine procedures such as epidural steroid injection therapy and/or a surgical consultation.

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 with contrast: Overturned

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, 309.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, MRI imaging is "recommended" as the test of choice for applicants who have had prior spine surgery. In this case, the applicant has had prior spine surgery. Per the attending provider, the applicant's lumbar radicular complaints have worsened. The applicant may have recurrent disk herniation and/or spinal stenosis, the attending provider has postulated, and is seeking lumbar MRI imaging to help determine whether or not the applicant is a candidate for surgery and/or epidural steroid injection therapy. This is an appropriate indication for lumbar MRI imaging, as page 304 of the MTUS-Adopted ACOEM Guidelines in Chapter 12 also note that imaging studies should be reserved for cases in which surgery is being considered. In this case, a possible surgical intervention is being considered. Therefore, the request is medically necessary and appropriate.

One (1) prescription of Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids topic Page(s): 79.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested in applicants who are abusing illicit drugs and/or alcohol. In this case, the attending provider has acknowledged that the applicant is abusing alcohol and using hard liquor as a means of medicating herself. Ongoing usage of Norco was not indicated, in the face of the same. Therefore, the request is not medically necessary and appropriate.

