

Case Number:	CM14-0052235		
Date Assigned:	07/07/2014	Date of Injury:	09/14/2010
Decision Date:	09/05/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 Preventative 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 52 year old male who was injured at work on 09/14/2014 when he missed his step as he was going up the stairs while carrying a 35 pound bag on his right shoulder. The weight of the load pulled him on his knees and he felt severe pain in his low back. He described the pain as a pinch which was so severe as to draw his full attention. He was treated with medications followed by five physical therapy sessions. However, Acupuncture worsened his problems, but he got relief with steroid injection. He has done X-ray, MRI and nerve studies. The MRI of his neck showed herniated disc in his neck and thorax, while that of the right knee showed medial meniscus tear. He has continued to experience pain in his neck, shoulder, knees and lower back. The pain ranges from 5-7/10, it is worse in the low back, and limits him in all activities. The most recent physical examination showed limitation of range of motion in the lumbar, right shoulder, and knees; positive McMurray and Apley's test. The rest of the examination is unremarkable but for tenderness in the L4/L5 Lumbar area. He has not worked since 09/2010, and he has been determined to be 34 % Whole person impaired due to severe mental health problems for which he has been determined to be temporarily totally disabled. He has been diagnosed with cervical sprain /strain, and right shoulder impingement syndrome. EMG was positive for right carpal tunnel syndrome, Lumbar strain/sprain, with disc bulges and degenerative disc disease, right knee internal derangement. His medicines include Zoloft, hydrocodone, Tizanidine, nebumetone. His doctor has requested for authorization for Lumbar Spine MRI, and Norco 10/325 mg #60 with 1 refill but this has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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

Decision rationale: The medical records submitted did not indicate there are unequivocal findings of nerve compromise or evidence of severe or progressive radiculopathy or red flags like fracture, tumor, and infection of the spine, as to make it medically necessary per the guidelines to do MRI Lumbar. The request for an MRI of the lumbar spine is not medically necessary.

Norco 10/325mg, #60 with1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The records reviewed do not show appropriate safeguards are in place for continued opioids use. The MTUS recommends opioids contract or agreement; home monitoring; making sure opioids are obtained from only one source, provision of opioids weaning arrangement. There is no indication from the records reviewed that the injured worker is making functional improvement, having less need to use the opioids while on the prescribed regimen. There is no documentation of a pain diary, for these reasons the request for Norco 10/325mg, #60 with 1 refill is not medically necessary.