

Case Number:	CM14-0053261		
Date Assigned:	07/07/2014	Date of Injury:	02/08/2012
Decision Date:	08/26/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/22/2014

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 Orthopedic Surgery 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 44-year-old female who reported an injury on 02/08/2012. The mechanism of injury was not stated. Current diagnoses include lumbar disc protrusion, lumbar radiculopathy and lumbar spine myoligamentous sprain. The injured worker was evaluated on 05/28/2014 with complaints of ongoing lower back pain radiating into the lower extremities. Previous conservative treatment was not mentioned. Physical examination revealed a normal gait, normal lumbar lordosis, moderate tenderness to palpation, spasm, limited range of motion, positive straight leg raising on the left, diminished reflexes in the left lower extremity, decreased sensation in the left L5 dermatome, 5/5 motor strength and positive Lasegue's testing on the left. Treatment recommendations included a spine surgery consultation and a prescription for Tramadol 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spinal Surgical Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker has been evaluated by several different providers over the past year. Imaging studies do not clearly correlate with physical examination findings. There is no documentation of a recent exhaustion of conservative treatment with active rehabilitative measures. There is no indication that this injured worker is currently a surgical candidate. As the medical necessity has not been established, the request is non-certified.

Tramadol 150mg #30: 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 Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. There is no documentation of a failure to respond to nonopioid analgesics. There is also no documentation of a written pain consent or agreement for chronic use. There is no frequency listed in the current request. As such, the request is non-certified.

Relafen 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain NSAIDs are recommended as a second line option after acetaminophen. There is no indication that this injured worker is currently suffering from an acute exacerbation of chronic pain with a failure to respond to acetaminophen. California MTUS Guidelines do not recommend long term use of NSAIDs. There was no frequency listed in the current request. As such, the request is non-certified.