

Case Number:	CM14-0053584		
Date Assigned:	07/07/2014	Date of Injury:	04/16/2012
Decision Date:	08/29/2014	UR Denial Date:	04/07/2014
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 Occupational 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 patient is a 55-year-old who has submitted a claim for ongoing back, buttock, and leg pain with recurrent disc herniation; degenerative disc disease of lumbar spine; and radiculopathy associated with an industrial injury date of April 16, 2012. Medical records from 2013-2014 were reviewed. The patient complained of persistent low back pain. There were also ongoing symptoms in the left hip, buttock, thigh, and calf. The patient also has occasional right hip greater trochanteric and sciatic pain. Recent physical examination findings were not available. MRI of the lumbar spine, dated June 30, 2014, revealed lobulated morphology and heterogenous enhancement of the left kidney; combination of degenerative disc disease, facet arthropathy, and ligamentum flavum redundancy contributes to mild to moderate left L2/L3, mild to moderate right L4/L5, and moderate bilateral L5/S1 neural foraminal narrowing; mild to moderate bilateral L2/L3, L3/L4, and right L4/L5 lateral recess narrowing; and laterally directed disc and osteophyte disease contacts the exiting left L3, right L4, and left L5 nerve roots in the extraforaminal zone. Treatment to date has included Lyrica, activity modification, and lumbar discectomy. Utilization review, dated April 7, 2014, denied the request for repeated MRI of the lumbar spine because there was no documented severe or progressive neurologic deficits; denied the request for Mobic 50mg because the dose was incorrect and there was no medical necessity for it to be prescribed over COX I NSAIDs (non-steroidal anti-inflammatory drugs).

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 and without contrast: Upheld

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

MAXIMUS 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, MRI.

Decision rationale: According to the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this case, MRI was requested because of his progressive symptoms. MRI of the lumbar spine done on June 30, 2014, revealed combination of degenerative disc disease, facet arthropathy, and ligamentum flavum redundancy contributes to left L2/L3, right L4/L5, and bilateral L5/S1 neural foraminal narrowing; and mild to moderate bilateral L2/L3, L3/L4, and right L4/L5 lateral recess narrowing. However, no progress reports were available from the date of the last MRI done. The documentation did not describe any significant worsening of symptoms. There was also no discussion regarding failure to respond to treatment or future surgical plans. There is insufficient information to warrant a repeat lumbar MRI at this time. Therefore, request for MRI of the lumbar spine with and without contrast is not medically necessary or appropriate.

Mobic 50mg, thirty count: 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 NSAIDs Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the medical records submitted for review did not provide the rationale for the request. Patient is still having low back pain with lower extremity symptoms. However, the patient's pain medications were not properly specified. It is unclear whether the patient is currently taking other NSAIDs. Moreover, there was no evidence that these medications have failed to relieve pain. Furthermore, the present request was not consistent with the medical records provided since the patient was being prescribed Mobic 15mg once a day. Therefore, the request for Mobic 50mg, thirty count, is not medically necessary or appropriate.

