

Case Number:	CM14-0062958		
Date Assigned:	07/11/2014	Date of Injury:	08/11/1993
Decision Date:	09/17/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/05/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 reported an injury on 08/01/1983. The mechanism of injury was not provided for clinical review. The diagnoses included failed back surgery, status post-surgery for tethered cord syndrome, complaints of increasing symptoms in the right lower extremity. Previous treatments included medication. Within the clinical note dated 03/31/2014, it was reported the injured worker complained of pain. He complained of pain in his low back, which extended to the right hip and around the inguinal area. He rated his pain 6/10 in severity. Upon the physical examination, the provider noted the injured worker to have pain in the lower back, extending through the buttocks. The provider indicated the injured worker had limited range of motion with flexion/extension of the lumbar spine. The injured worker had a seated straight leg raise on the right. Deep tendon reflexes were 2+ to 3. The provider requested a magnetic resonance imaging (MRI), Norco, and Flexeril. However, a rationale is not provided for clinical review. The request for authorization is not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guideline (lumbar spine).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an MRI imaging with and without contrast is not medically necessary. The California MTUS/ACOM Guidelines state clinical objective findings that identify specific nerve compromise on a neurological exam is sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option, but when the neurological examination is less clear, however, further psychological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging may result in a false positive finding such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered where red flag diagnoses are being evaluated. There is a lack of documentation indicating neurological deficits, which would warrant further evaluation with imaging. There is a lack of significant documentation indicating decreased sensation or motor strength in a specific dermatomal distribution. There is a lack of documentation regarding the failure of conservative treatment. In addition, red flag diagnoses or the intent to undergo surgery requiring an MRI was not provided. Additionally, the request submitted failed to provide a specific body part for the MRI. Therefore, the request is not medically necessary.

Norco 10/325, 2 per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 82-88. Decision based on Non-MTUS Citation <http://jbjs.org/article.aspx?articleID+1840112>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for Use, On-Going Management) Page(s): 78.

Decision rationale: The request for Norco 10/325 two per day is not medically necessary. The California MTUS Guidelines recommend "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The guidelines recommend the use of a urine drug screen in patient treatment with issues of abuse, addiction, or poor pain control. The provided failed to document an adequate and complete pain assessment within the documentation. The request submitted failed to provide the quantity of the medication. Additionally, there is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. In addition, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for Flexeril is not medically necessary. The CA MTUS guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation of patient with chronic low back pain. The guidelines noted the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the injured worker has been utilizing the medication since at least 03/2014, which exceeds the guideline recommendation of short-term use. The request submitted failed to provide the dosage. The request submitted failed to provide the frequency and the quantity. Therefore, the request is not medically necessary.