

Case Number:	CM14-0089113		
Date Assigned:	09/10/2014	Date of Injury:	04/07/2007
Decision Date:	10/16/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/13/2014

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 and Rehabilitation, has a subspecialty in Pain 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 33 year old female injured on 04/07/07 when transferring an injured worker from a wheelchair resulting in low back pain. The injured worker underwent a laminotomy and discectomy on 07/24/07 followed by a spinal fusion on 04/01/08. Diagnoses include lumbar spine radiculopathy and failed back syndrome of the lumbar spine. Clinical note dated 04/21/14 indicated the injured worker presented complaining of low back pain and lower extremity pain secondary to chronic lumbar postlaminectomy syndrome. The documentation indicated the injured worker had a 25 month old child at home. The injured worker rated pain at 7/10 with radiation of pain to bilateral lower extremities. Physical examination revealed height 62 inches, weight 212 pounds, mild distress, motor strength grossly normal, deep tendon reflexes intact throughout, limited lumbar spine range of motion, and lumbar incision well-healed. Documentation indicated the injured worker utilizing Ibuprofen PRN for management of chronic low back pain. The initial request for MRI without contrast and Ibuprofen 600mg #90 was initially non-certified on 06/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines online version, Low Back Complaints, Magnetic Resonance Imaging (MRI).

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, MRI is not recommended in cases of uncomplicated low back pain, with radiculopathy, until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The clinical documentation fails to establish a significant change from the prior status to warrant additional diagnostic studies. Additionally, the request fails to specify the specific location of MRI requested. As such, the request for MRI Without Contrast cannot be recommended as medically necessary.

Ibuprofen 600 MG Quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured worker cannot utilize the readily available over-the-counter formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Ibuprofen 600 MG Quantity 90 cannot be established as medically necessary.