

<b>Case Number:</b>	CM14-0094196		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 18, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar diskectomy; opioid therapy; adjuvant medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 12, 2014, the claims administrator denied a request for lumbar MRI imaging, invoking non-MTUS ODG Guidelines and also denied a request for Soma, invoking the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a June 14, 2014 progress note, the applicant reported worsening low back pain radiating into the right thigh and right leg. The applicant was also pending cognitive behavioral therapy, it was stated. The attending provider noted that the applicant had had an earlier diskectomy in November 2013, apparently unsuccessful. The applicant did have comorbid psychiatric issues with anxiety and depression. The applicant was using naproxen, oxycodone, Neurontin, and Soma. The applicant was obese, with BMI of 31. Paresthesias/dysesthesias and diminished sensorium about the L5-S1 distribution were noted bilaterally with mild 5-/5 weakness noted about the EHL musculature. MRI imaging of the lumbar spine with gadolinium contrast was endorsed owing to the applicant's significant, persistent radicular pain complaints. Soma was sought for a "three-week course" owing to acute muscle spasm, in conjunction with oxycodone. The applicant was placed off of work, on total temporary disability. In an earlier note dated May 1, 2014, the applicant was described as using Norco and Neurontin. The applicant was not using Soma at that point in time.

### 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-4, page 297; Table 12-8, page 309..

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-4, page 297, MRI imaging with gadolinium contrast positive for scarring is the diagnostic test of choice for applicants with post laminectomy syndrome, as is suspected here. Similarly, the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 also notes that MRI imaging is "recommended" as a test of choice for applicants who have had prior back surgery. In this case, the applicant did undergo a failed lumbar spine surgery in November 2013. Worsening radicular complaints and radicular signs were evident on and around the date in question. MRI imaging to further evaluate and establish the applicant's need for further surgery was/is indicated. Therefore, the request is medically necessary.

**Soma 350mg:** Overturned

**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 Carisoprodol section Page(s): 65.

**Decision rationale:** The attending provider indicated in his progress note that Soma was being employed on a one-time basis, for an acute flare in pain, for three weeks. As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, Soma is not recommended for anything longer than a "two- to three-week period." The three-week course of Soma proposed by the attending provider, thus, did conform to MTUS parameters and was indicated, to combat the applicant's acute flare in pain on and around the date in question. Therefore, the request is medically necessary.