

Case Number:	CM14-0096427		
Date Assigned:	07/28/2014	Date of Injury:	02/08/2012
Decision Date:	09/24/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/24/2014

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 Interventional Spine 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 45-year-old female with an injury date of 02/08/2012. The 05/28/2014 report states that the patient has lower back pain which radiates down to her lower extremities with paresthesias. She has moderate tenderness in the lumbar paravertebral muscles. Both flexion and extension increase her lower back pain and she tested positive on the left for a Lasegue's test. The patient has decreased sensation in the left L5 dermatome and her sensations in the lower extremities are impaired. The 04/09/2014 report states that flexion is 30 degrees, with increased lower back pain and extension is 0 degrees with increased lower back pain. The 07/23/2012 MRI of the lumbar spine revealed a 3-mm intraforaminal disk protrusion at L4-L5, causing mild left L4-L5 neuroforaminal stenosis. The exiting left L4 nerve root is elevated and impinged in the passage to the L4-L5 neuroforamen. There is also a 3-mm intraforaminal disk protrusion at L5-S1, bilaterally which causes the elevation impingement on the exiting L5 nerve roots. The patient's diagnoses include the following: 1. Lumbar disk protrusions, L4-L5 and L5-S1. 2. Lumbar radiculopathy. 3. Lumbar spine mild ligamentous sprain/strain. The utilization review determination being challenged is dated 06/18/2014. Treatment reports were provided from 10/01/2013 - 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal surgical consult 2nd opinion: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 296, 306, 288. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: Based on the 05/28/2014 progress report, the patient presents with lower back pain which radiates to her lower extremities with paresthesias. The request is for a spinal surgical consult and opinion. "The patient has previously had an epidural injection, which did not provide significant improvement. Please provide authorization for a spine surgical consultation/second opinion. There are symptoms and objective physical findings of nerve root impingement and injury involving the lumbar spine. Second opinion/spine surgical consultation is medically indicated." ACOEM page 127 states, "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM supports specialty consultation for complex issues. In this case, the treating physician would like the patient to get a second opinion on her lumbar spine due to her persistent severe lower back pain. Given the above the request is medically necessary.

(1) Prescription Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 60, 61, 88, 89.

Decision rationale: Based on the 05/28/2014 progress report, the patient presents with severe lower back pain which radiates down to her lower extremities. The request is for 1 prescription of tramadol 50 mg. The patient has been taking tramadol as early as 10/25/2013. The 10/25/2013 report states, "The patient takes tramadol, 150 mg XR daily which provides functional improvement according to the patient. When she does not take the medicine, her pain is more severe and she has significant difficulty performing activities of daily living." The 12/06/2013 report also indicates that the tramadol provides functional improvement on a daily basis. The 03/14/2014 report indicates that the treater has been providing the patient tramadol to avoid the use of Norco. The 04/09/2014 report states that the treater has provided the patient with tramadol, 150 mg XR #30 to be taken daily as needed for severe pain. The 05/28/2014 report indicates that the patient is provided tramadol 50 mg to be taken every 8 hours as needed for severe pain. "There are no signs of abuse, misuse, or hoarding." MTUS Guidelines pages 88 and 89 state, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" for outcome measures that include current pain, average pain, least pain,

intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there were no pain scales provided nor were there any discussions on adverse effects and adverse behavior. Given the above the request is not medically necessary.