

Case Number:	CM14-0186609		
Date Assigned:	11/14/2014	Date of Injury:	06/21/2009
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 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:

This is a female worker with a date of injury of June 21, 2009. On October 29, 2014, a utilization review denied the prospective request for 30 Soma 350 mg, 1 lumbar MRI and 6 chiropractic sessions. A progress note dated October 13, 2014 identifies subjective complaints of progressively worsened low back pain that radiates down the right leg and into the right groin. The patient cannot sit for any length of time. The patient has not been seen since November 2013 because her primary treating physician left his practice. The patient states that in 2013 check a total of six chiropractic sessions which helped with her pain. The physical examination identifies decreased lumbar flexion to 60, severe pain with lumbar extension at 20, the patient has an antalgic gait, she walks with a limp on her right side, and she has decreased pain and touch sensation in the right L 4 and L5 nerve root distribution. An MRI report, noted within the progress note, dated August 31, 2009 revealed mild disk desiccation at L3-L4 with central protrusion at L3-L4, L4-L5 and L5-S1 with possible nerve root compression at S1. The diagnosis is lumbar discogenic disease at L4-5 and L5-S1 nerve root compression with neurological loss at L4 and L5. Treatment modalities included medication, epidural injection and physical therapy. A prospective request was made for 60 hydrocodone 5/325 mg, 30 Soma 350 mg, 60 Lyrica 75 mg, 12 chiropractic sessions and 1 lumbar MRI. An MRI report of the lumbar spine dated February 18, 2013 identifies broad-based disc bulges at L3-L4, L4-L5, and L5-S1 yielding mild central canal stenosis at L3-4 and more moderate stenosis at L4-L5. Also, there is a T1 hyper intense 12x21 mm nodule in the left aspect of the sacrum is most compatible to a bone hemangioma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Soma 350mg #30, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of past use of carisoprodol. In the absence of such documentation, the currently requested Soma 350mg #30 is not medically necessary.

Twelve (12) chiropractic sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60.

Decision rationale: Regarding the request for 12 chiropractic sessions, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional improvement the patient experienced with the previous 6 chiropractic sessions. In the absence of clarity regarding the above issues, the currently requested 12 chiropractic sessions is not medically necessary.

One (1) lumbar MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic)

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, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for one lumbar MRI, the Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is identification of objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is a statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. As such, the currently requested one lumbar MRI is not medically necessary.