

Case Number:	CM14-0189431		
Date Assigned:	11/20/2014	Date of Injury:	03/01/2013
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/13/2014

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 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 and bilateral hip pain reportedly associated with an industrial injury of March 1, 2013. In a Utilization Review Report dated November 4, 2014, the claims administrator partially approved a request for Norco while denying requests for a positional lumbar MRI, MRI imaging of the right hip, and MRI imaging of the left hip outright. The applicant was not working. The claims administrator's decision was based on a Request for Authorization (RFA) form reportedly dated October 21, 2014. The claims administrator suggested that the applicant was off of work status post earlier failed lumbar spine surgery. The applicant's attorney subsequently appealed. In an April 8, 2014 progress note, the applicant reported ongoing complaints of back and leg pain. The applicant apparently presented for medication refills, exhausting her supply of various medications. Norco and Tizanidine were renewed while the applicant was kept off of work, on total temporary disability. The applicant presented with muscle spasms. On May 6, 2014, the applicant was again placed off of work, on total temporary disability. Epidural steroid injections were apparently sought. Radiation of pain to the right leg was appreciated. Tizanidine was renewed while the applicant was kept off of work. On June 5, 2014, the applicant was again placed off of work, on total temporary disability, while Norco and Tizanidine were renewed owing to heightened complaints of low back pain radiating to the left leg. In a pain management note dated September 2, 2014, the applicant reported persistent complaints of low back pain with attendant difficulty negotiating stairs, sitting for long amounts of time, gripping, grasping, lifting, and carrying. The applicant was having difficulty with sleep. The applicant was receiving workers' compensation indemnity benefit and had last worked in June 2013, it was noted. The applicant was represented. The applicant's complete medication list reportedly included Lipitor, Diovan, Cymbalta, Synthroid, Celebrex, AcipHex, Norco,

Neurontin, and Tizanidine. Bilateral hip and pelvic MRI along with a positional lumbar MRI with flexion, supine, and extension views were sought, in conjunction with DNA testing. On September 23, 2014, the applicant was, once again, placed off of work, on total temporary disability owing to heightened complaints of low back pain, while Norco, Neurontin, and Tizanidine were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pain Treatment Agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work, on total temporary disability. Several progress notes, referenced above, suggested that the applicant's pain complaints are heightened from visit to visit, as opposed to reduce from visit to visit, despite ongoing Norco usage. The attending provider failed to outline any material improvements in function achieved as a result of ongoing Norco usage (if any). All of the foregoing, taken together, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

Positional MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted Guidelines in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider any kind of surgical intervention involving the lumbar spine based on the outcome of the proposed lumbar MRI. Rather, it appeared that MRI imaging of multiple body parts was being sought for routine, evaluation purposes, with no clearly stated intention of acting on the results of the same. The Third Edition ACOEM Guidelines, furthermore, notes that there are no clearly defined roles for positional MRIs, as is being sought here, for diagnostic purposes. Therefore, the request is not medically necessary.

MRI of the right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, MRI section

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Hip and Groin Chapter, MRI imaging is not recommended for routine evaluation of acute, sub-acute, or chronic hip joint pathology, the latter of which is seemingly present here. In this case, the requesting provider, a pain management physician, did not outline a clear rationale or pursuit of the proposed right hip MRI. It was not clearly stated how this hip MRI would influence or alter the treatment plan. Rather, the fact that MRI imaging of three different body parts, the left hip, right hip, and low back, were concurrently sought implies that the requesting provider had no clearly formed intention of acting on the results of the same. Such routine usage of MRI imaging of the hip and groin, per ACOEM, is not recommended. Therefore, the request is not medically necessary.

MRI of the left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, MRI Imaging section.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that MRI imaging is not recommended for routine evaluation of acute, sub-acute, or chronic hip joint pathology, the latter of which is present here. As with the other MRI request, it appeared that the attending provider was seeking multiple MRI studies, with no clearly formed intention of acting on the results of the same. Such testing, however, is at odds with ACOEM Hip and Groin Chapter. Therefore, the request is not medically necessary.