

Case Number:	CM14-0203974		
Date Assigned:	12/16/2014	Date of Injury:	01/19/2014
Decision Date:	02/10/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/05/2014

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 mid and low back pain reportedly associated with an industrial injury of January 19, 2014. In a Utilization Review Report dated November 5, 2014, the claims administrator failed to approve a request for trial of BuTrans patches, an additional eight sessions of manipulative therapy, and open MRI imaging of the thoracic and lumbar spines. The claims administrator did note that applicant had received extensive manipulative therapy and acupuncture through that point in time. Progress notes of September 22, 2014 and September 8, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. In an April 22, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant had completed six sessions of physical therapy, it was acknowledged. Lumbar MRI imaging, Norco, physical therapy, Naprosyn and thoracic MRI imaging were sought. Work restrictions were endorsed. On May 1, 2014, the applicant had transferred care to another treating provider. The applicant was working with restrictions in place, it was stated. The applicant had alleged low back pain secondary to both significant injury and a cumulative trauma. The applicant was given diagnosis of lumbar radiculopathy. Electrodiagnostic testing of the lower extremities, Elavil and a topical compounded LidoPro cream, eight sessions of manipulative therapy and a rather proscriptive 5-pound lifting limitation were endorsed. In an applicant's questionnaire dated September 23, 2014, and the applicant again stated that she was working. In a progress note of the same date, September 22, 2014, the applicant again stated that she was working despite ongoing complaints of 6 to 8/10 pain. The applicant stated that oral NSAIDs had proven unsuccessful. Open MRI imaging of the thoracic and lumbar spines were reportedly pending, the attending provider stated. The applicant reported radiation of pain of bilateral lower extremities, right greater than left. The applicant exhibited mildly antalgic gait with 4+ to 5-/5

right lower strength and hypo-sensorium noted about the right leg. Open thoracic and lumbar MRI imaging were sought, along with addition of chiropractic manipulative therapy. A trial of BuTrans patches was endorsed. A 5-pound lifting limitation was also renewed. The attending provider stated that BuTrans is being endorsed as Norco is no longer helping the applicant's pain complaints and the NSAIDs have generated dyspepsia. In a September 8, 2014 progress note, the applicant reported persistent complaints of low back pain, 3 to 5/10. The applicant had 11 sessions of manipulative therapy, two sessions of acupuncture, six sessions of physical therapy, it was acknowledged. Hypo-sensorium and 4+ to 5-/5 to right lower extremity strength were noted. Additional manipulative therapy, a capsaicin-containing compound, and thoracic and lumbar MRI imaging were sought. The stated diagnoses were lumbar radiculopathy and facet arthropathy of the lumbar spine. Multiple chiropractic progress notes throughout June 2014 stated that the applicant was progressing with manipulative therapy. An August 11, 2014 progress note was also notable for comments that the applicant had ongoing complaints of mid and low back pain with radiation of pain to the legs, right greater than left. 4+ to 5-/5 right lower extremity strength was noted. Open MRI imaging of thoracic and lumbar MRIs was sought. There was no mention of issues with anxiety evident on this date. A July 15, 2014 progress note was also notable for the absence of any complaints of claustrophobia or anxiety. In an earlier note dated June 15, 2014, the attending provider stated that the applicant had been laid off her former employer and further stated that her employer was not accommodating her limitations. It was stated that the applicant had last worked on May 26, 2014. Acupuncture, electrodiagnostic testing of lower extremities, Elavil, and topical compounds were endorsed as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Butrans patch 10mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26, 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine or BuTrans is recommended in the treatment of opioid addiction and can be employed as an option for chronic pain in applicants who have detoxified off of opioids, in this case, however, there was no mention of the applicant having had issues with opioid addiction. There was likewise no mention of the applicant of the applicant having previously detoxified off of opioids. No rationale for selection of buprenorphine or BuTrans in favor of other opioids was furnished by the attending provider. Therefore, the request was not medically necessary.

Additional chiropractic 8 visits, 2 times a week for 4 weeks for the back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59-60.

Decision rationale: As noted on pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines, up to 24 sessions of chiropractic manipulative therapy are endorsed in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status. Here, the bulk of the information on file does suggest that the applicant was continuing to work. A September 22, 2014 progress note, for instance, suggested that the applicant had continued working through that point in time. An applicant questionnaire of September 22, 2014, also suggested that the applicant was in fact working with limitations in place. While one isolated progress note, referenced above, suggested that the applicant had been laid off by her employer, this appeared to be a reporting error on part of the attending provider as the majority of progress notes on file do strongly suggests that the applicant was continuing to work. Therefore, the request was medically necessary.

Open MRI of thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Pain Chapter, Open MRI section.

Decision rationale: While the MTUS does not specifically address the topic of open MRIs, the MTUS Guideline in ACOEM Chapter 12, page 304 notes that imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, there was/is no mention of the applicant's willingness to consider surgical intervention involving the lumbar spine, the primary pain generator. Multiple progress notes, referenced above, contained only passing reference to issues with thoracic spine pain. It is not clear why thoracic MRI imaging was being sought as the attending provider stated in his progress notes that the primary operating diagnosis was lumbar radiculopathy. Furthermore, the Third Edition ACOEM Guidelines note that open MRIs are not recommended other than in circumstances where an applicant is either morbidly obese or suffers from claustrophobia, which is not alleviated through usage of a low-dose anxiolytic administered prior to the procedure. Here, there was no mention of the applicant's being morbidly obese, anxious, and/or claustrophobic. Therefore, the request is not medically necessary.