

Case Number:	CM14-0074792		
Date Assigned:	07/16/2014	Date of Injury:	06/03/2010
Decision Date:	12/16/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Florida
 Certification(s)/Specialty: Family Practice

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 injured worker was a 54 year old male, who sustained an industrial injury, June 3, 2010. The injured worker was undergoing treatment for lumbar disc disease, thoracic pain and spasms and left knee arthropathy. According to progress note of January 13, 2014, the injured worker's chief complaint was mid-back and low back pain with spasms. The pain was rated at 7 out of 10. The objective findings were lumbar spine range of motion was 50% of expected with marked guarding in all planes. There were no motor deficits of the left lower extremity, but the right leg was giving way due to weakness. There were sensory deficits noted of the left leg in the L4-L5 dermatomes. According to the progress note of March 14, 2014, the injure worker's pain level remained at 7 out of 10. However, the objective findings were lumbar spine range of motion of 30% of expected with marked guarding in all planes. The motor deficit of the left lower extremity, but the right leg was weak and giving way. There were sensory deficits of the left lower leg at the L4-L5 dermatomes. The injured worker previously received the following treatments Oxycodone 10mg #60 since December 17, 2013 and Percocet 10-325mg 60 since December 17, 2013. The RFA (request for authorization) dated March 14, 2014; the following treatments were requested Oxycodone 10mg #60 and Percocet 10-325mg 60. The UR (utilization review board) denied certification on April 23, 2014; for a lumbar spine MRI without contrast and prescriptions for Oxycodone 10mg #60 and Percocet 10-325mg #90.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official disability Guidelines (ODG); TWC Low Back Procedure.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: California MTUS guidelines state, "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 who 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." In this patient's case, it is noted in the documentation that he has had a prior MRI since his 2010 work related injury, but a copy of this MRI report has not been made available. Documentation also indicates that while the patient has been experiencing increased pain, his symptoms do not appear to have changed significantly. There is no evidence in the documentation provided of any red flag symptoms (bowel/bladder incontinence, saddle anesthesia, fevers) or new neurologic deficits to warrant a repeat MRI study. Likewise, this request is not medically necessary without additional documentation being provided.

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not medically necessary.