

<b>Case Number:</b>	CM15-0102706		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	03/20/2006
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

### 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 is a 55-year-old male who sustained an industrial injury on 3/20/06. The injured worker was diagnosed as having lumbago, sciatica, and degeneration of lumbar or lumbosa. Currently, the injured worker was with complaints of lower back pain with radiation to the lower left extremity. Previous treatments included medication management. Previous diagnostic studies included a magnetic resonance imaging. The plan of care was for a lumbar-computed tomography and medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna 8.6mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Roberts Pharmaceutical.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com. Drug information.

**Decision rationale:** The MTUS is silent regarding the use of senna. According to UptoDate.com, senna is used for short-term treatment of constipation; and to evacuate the colon for bowel or rectal examinations. In this case, the documentation does not support that the patient has had significant symptoms of constipation. Furthermore, senna has previously been prescribed to the patient. Given the lack of symptomatology the continued use of senna is not medically necessary.

**CT scan of the lumbar scan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Chapter, CT & CT Myelography (computed tomography).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

**Decision rationale:** According to the ODG criteria, repeat MRI's or CTs are not routinely recommended but should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. The patient had a previous MRI of the lumbar spine in 10/2014. In this case, the documentation does not support that the patient has had a significant change in function or pain level to warrant repeat imaging. The surgeon was considering surgical intervention; however, the procedure was non-certified during utilization review. The CT of the lumbar spine is not medically necessary.