

Case Number:	CM15-0108014		
Date Assigned:	06/12/2015	Date of Injury:	11/09/1993
Decision Date:	07/16/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/04/2015

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: 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:

This 66-year-old woman sustained an industrial injury on 11/9/1993. The mechanism of injury is not detailed. Evaluations include lumbosacral MRI dated 7/7/2008, undated electromyogram/nerve conduction studies of the bilateral lower extremities, undated right knee MRI, undated cervical spine MRI, undated ankle MRI, and undated knee x-rays. Diagnoses include baker's cyst, suspected cervical spine disc abnormality, obesity, sleep apnea, cervical disc herniation, lumbosacral degenerative disc disease, lumbar foraminal stenosis, right knee baker's cyst, severe patellofemoral arthritis, left foot hallux-valgus deformity, bilateral ankle spurs, left knee tri-compartmental arthritis. Treatment has included oral medications. Physician notes dated 5/4/2015 show complaints of low back pain rated 2/10 with radicular complaints, chronic knee pain rated 3/10, ankle pain rated 4-5/10, bilateral hand and wrist pain rated 4/10, and cervical spine pain rated 4/10. Recommendations include six-month gym membership, Norco, Diclofenac topical compound, flexion-extension x-rays of the lumbar spine, and follow up in one month.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC lower back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines Page(s): 303-305.

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." Regarding this patient's case, there is no evidence in the documentation provided of bowel/bladder incontinence, saddle anesthesia, or fevers. There is documentation of progressive neuropathic pain, and this is evident on the objective documentation in the most recent physical exam. This patient's last MRI was in 2008. A repeat MRI is warranted. Likewise, this request is considered medically necessary.

X-rays of lumbar spine flexion and extensions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: ACEOM Low Back Complaints, referenced by CA MTUS guidelines. 303-305. 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." Regarding this patient's case, there is no evidence in the documentation provided of bowel/bladder incontinence, saddle anesthesia, or fevers. There is documentation of progressive neuropathic pain, and this is evident on the objective documentation in the most recent physical exam. This patient's last MRI was in 2008. A repeat MRI is warranted. X-ray studies are of limited value here as the requested MRI has been approved and should be of much more value in elucidating the problem. Likewise, this request is not considered medically necessary.

Norco 5/325mg qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(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 functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.