

Case Number:	CM15-0130263		
Date Assigned:	07/16/2015	Date of Injury:	04/18/2014
Decision Date:	08/18/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/06/2015

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: California, North Carolina
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 injured worker is a 32 year old female who reported an industrial injury on 4/18/2014. Her diagnoses, and or impression, were noted to include: pain in thigh, right hip, iliac crest and pelvic joint region. Recent magnetic imaging studies of the right hip and pelvis were noted on 3/2/2015. Her treatments were noted to include injection therapy; trans-cutaneous electrical stimulation unit therapy; a back brace; medication management; diagnostic laboratories; and rest from work, followed by a return to work as tolerated, and finally a return to full work duties. The progress notes of 6/3/2015 reported pain along the iliac crest right above the hip and not quite the low back. Objective findings were noted to include tenderness on the right iliac crest above the hip joint; and overall satisfactory motion of the hip and back. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the lumbar spine, and the continuation of Tramadol Extended Release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 93.

Decision rationale: Tramadol is a synthetic opioid affecting the CNS. In this case, the available clinical information does not document improvement of function. There is no documentation of monitoring as recommended by MTUS guidelines, including a pain contract. Therefore, the request for Tramadol is deemed not medically necessary

Lumbar MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: ACOEM guidelines state that imaging studies should be reserved for cases in which surgery is being considered or red flag conditions are being evaluated. In this case, there is no documentation to support the foregoing conditions. Therefore the request is deemed not medically necessary or appropriate.