

Case Number:	CM15-0130711		
Date Assigned:	07/17/2015	Date of Injury:	07/20/2002
Decision Date:	08/12/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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, California
 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 is a 56 year old male who sustained an industrial injury on 7-20-02 with current complaints of an aching pain in the upper back between the shoulder blades. Diagnoses include lumbar radiculopathy, and failed back surgery syndrome. In an interventional pain consultation note dated 4-13-15, the physician reports pain is rated at 4 out of 10 and has numbness and burning pain into both legs extending into his feet. He is currently taking Ultracet, Gabapentin, Omeprazole and Cyclobenzaprine cream. The lumbar spine is tender to palpation and has decreased flexion and extension. There is decreased sensation throughout bilateral lower extremities. He is able to toe heel walk with difficulty due to pain. There is evidence of radiculopathy on electromyogram. The CURES report dated 4-13-15 is consistent with medications prescribed. Previous treatment includes Tramadol, Hydrocodone, Temazepam, Ranitidine, Neurontin, lumbar fusion 7-20-04, back brace, 15 sessions of chiropractic therapy, transcutaneous electrical nerve stimulation, ultrasound, bilateral radiofrequency ablation L2-3, L4 on 3-18-15, medial branch block L3-L4, L4-L5 on 9-11-14 and to L2-L3, L3-L4 on 7-10-14 , at least 17 physical therapy sessions, 20+ sessions of acupuncture, lumbar epidural injections, and an MRI of the lumbar spine was done 8-24-11. The plan is for a spinal cord stimulator. The requested treatments are an MRI of the thoracic spine and Keflex 500mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. In this case, there were no red flag symptoms nor any plan for surgery of the thoracic spine. The claimant had radicular symptoms in the Lumbar spine. The request for an MRI of the thoracic spine is not medically necessary.

Keflex 500mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cephalexin-Infectious Disease Chapter and pg 14.

Decision rationale: According to the guidelines, Keflex is indicated for skin and soft tissue infections. In this case, the claimant did not have a skin infection. The claimant was to undergo a spinal cord stimulator trial. There is no indication for need for prophylactic use of Keflex and the request was not substantiated. The Keflex is not medically necessary.