

<b>Case Number:</b>	CM15-0134463		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	05/02/2014
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 61-year-old who has filed a claim for chronic mid back, low back, knee, hip, and leg pain reportedly associated with an industrial injury of May 2, 2014. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve requests for MRI imaging of the lumbar spine, CT imaging of the lumbar spine, Norco, and Celebrex. The claims administrator referenced a May 29, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On said May 29, 2015 progress note, the applicant reported ongoing complaints of low back pain. The applicant had had earlier MRI, x-ray, and CT imaging of the lumbar spine, it was reported. The applicant was not working and had not worked in little under one year, it was reported. The applicant was on Celebrex, Lortab, and unspecified blood pressure lowering medications. The applicant was described as obese, standing 5 feet 3 inches tall and weighing 220 pounds. The applicant exhibited a visible limp. Hyposensorium was noted about the L4 through S1 dermatomes. The applicant exhibited 4/5 lower extremity strength in certain muscle groups. Range of motion was limited secondary to pain. It was not stated whether the lower extremity neurologic deficits were new phenomenon versus chronic phenomenon. The applicant was apparently using a lumbar support. The applicant was given an established diagnosis of lumbar radiculitis. Lumbar MRI imaging and CT imaging of the lumbar spine were sought. The attending provider stated that he would obtain the results of historical lumbar MRI imaging performed in 2014. Norco and Celebrex were renewed while the applicant was placed off of work, on total temporary disability. There was no mention of the applicant's willingness to

consider or contemplate any kind of surgical intervention based on the outcome of any of the study in question. There was no mention of how (or if) the proposed imaging studies would influence or alter the treating plan.

### **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: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedures Summary Online Version.

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

**Decision rationale:** No, the request for MRI imaging of the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question as of the date of the request, May 29, 2015. The requesting provider seemingly acknowledged that the applicant had received prior lumbar MRI, CT, and plain film imaging in 2014 but had apparently not acted on the same at that point in time. It did not appear, thus, that the applicant was necessarily intent on pursuing any kind of surgical remedy involving the lumbar spine based on the outcome of the study. There was neither an explicit statement (nor an implicit expectation) that the applicant was in fact considering and contemplating surgical intervention here. Therefore, the request was not medically necessary.

#### **CT Scan of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Summary Online version.

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

**Decision rationale:** Similarly, the request for CT imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, as with the preceding request, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the lumbar MRI in question and/or consider surgical intervention based on the outcome of the same. It was not clearly established why repeat CT imaging was

being performed when the applicant had already received earlier CT, MRI, and plain film imaging of the lumbar spine in 2014, per the attending provider's report of May 29, 2015. As with the preceding request, the attending provider did not, in short, state or suggest that the applicant would act on the results of the study in question and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

**Prospective of Norco 5/325mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was reported on May 29, 2015. The applicant had not worked in a little under a year, it was reported. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Prospective use of Celebrex 200mg, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Finally, the request for Celebrex, a COX-2 inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are indicated in applicants who are at heightened risk for development of GI complications. Here, however, the May 29, 2015 progress note made no mention of the applicant's being at heightened risk for development of GI complications. The applicant's gastrointestinal review of systems was negative; it was reported on May 29, 2015. It was not clearly stated, in short, why Celebrex, a COX-2 inhibitor, was prescribed in favor of non-selective NSAIDs. Therefore, the request was not medically necessary.