MAXIMUS Federal Services

Case Number:	CM15-0137565		
Date Assigned:	07/27/2015	Date of Injury:	11/29/2004
Decision Date:	08/24/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/15/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female who reported an industrial injury on 11/29/2004. Her diagnoses, and or impression, were noted to include: lumbar radiculopathy with paresthesias; displacement of lumbar inter-vertebral disc without myelopathy; lumbosacral disc pathology with radiculopathy, calf atrophy and loss of strength; and hyperalgesia and lumbosacral facet impingement with bilateral radiation. No current imaging studies were noted. Her treatments were noted to include a special bed; medication management and rest from work. The progress notes of 6/17/2015 reported that her current medications relieve her pain by 50%, allowing for increased time spent at work and an increase in focus and concentration; as well as a recent exacerbation in back pain after she attempted to transfer a large patient. Objective findings were noted to include pain with sitting and activities; moderate lumbar muscle spasms; decreased range-of-motion; tenderness and spasms to the lumbar spine; and decreases sensation in the lumbar-5 dermatome. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the lumbar spine, Medrol Dose Pack, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for repeat lumbar MRI, Occupational Medicine Practice Guidelines state that 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

Medrol dose pack 4mg 1 unit #30 Refills: 0: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - Subheading corticosteroids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: Regarding the request for a steroid taper (medrol) ACOEM states that oral corticosteroids are not recommended. ODG recommends the use of corticosteroids orally for limited circumstances for acute radicular pain. Oral steroids are not recommended for acute non-radicular pain or chronic pain. Additionally, there should be discussion with the patient regarding risks of the medication and the fact that there is limited evidence that it is effective. Within the documentation available for review, there is no indication of acute radicular complaints. As such, the currently requested steroid taper (medrol) is not medically necessary.

Tramadol 50mg 1 unit #60 Refills: 0: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Tramadol 50mg 1 unit #60 Refills: 0, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects. In light of the above, the currently requested Tramadol 50mg 1 unit #60 Refills: 0 is medically necessary.