

Case Number:	CM15-0161903		
Date Assigned:	08/27/2015	Date of Injury:	06/11/2013
Decision Date:	10/02/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/17/2015

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 36-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 11, 2013. In a Utilization Review report dated July 27, 2015, the claims administrator failed to approve requests for carisoprodol, 12 sessions of aquatic therapy, and lumbar MRI imaging. The claims administrator referenced a June 24, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said June 24, 2015 progress note, the applicant reported ongoing complaints of low back pain, reportedly worsening. The applicant was asked to consult a psychiatrist. The applicant's medications included Soma, Norco, naproxen, Prilosec, and topical capsaicin. Permanent work restrictions imposed by a medical-legal evaluator were renewed. The applicant was asked to pursue aquatic therapy. The applicant's gait was not described or characterized. Updated lumbar MRI imaging was sought owing to reportedly worsening low back pain complaints. The applicant did exhibit intact lower extremity motor function and sensation but also exhibited positive left-sided straight leg raising. The attending provider stated that the applicant's last MRI was in 2013. The attending provider stated that he was ordering MRI imaging on a "rule out" basis to evaluate for worsening disk protrusions or central canal stenosis. The requesting provider was a physiatrist, it was noted. Soma and Norco were renewed, seemingly without any discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg tablet (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(s): 29; 65.

Decision rationale: No, the request for carisoprodol (Soma) was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Norco, an opioid agent. Continued usage of carisoprodol or Soma in conjunction with the same was not indicated, per page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the renewal request for carisoprodol represents treatment in excess of the 2- to 3-week limit set forth on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines for carisoprodol usage. Therefore, the request was not medically necessary.

Aqua therapy 3 x 4 for 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), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Similarly, the request for 12 sessions of aquatic therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, the applicant's gait and ambulatory status were not clearly detailed, described, or characterized on the June 24, 2015 office visit at issue. It was not clearly established that reduced weight bearing was, in fact, desirable here. Therefore, the request was not medically necessary.

MRI lumbar spine: Upheld

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

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

Decision rationale: Similarly, the request for MRI 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, the June 24, 2015 progress note at issue seemingly suggested that MRI imaging had been ordered for academic evaluation purposes, to assess the progression of the applicant's lumbar degenerative disk disease. 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. The requesting provider was a physiatrist (as opposed to a spine surgeon), further reducing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.