

Case Number:	CM15-0162059		
Date Assigned:	08/25/2015	Date of Injury:	12/06/2003
Decision Date:	09/29/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	08/18/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 38 year old male, who sustained an industrial injury on December 6, 2003. Treatment to date has included diagnostic imaging, opioid medications and physical therapy. Currently, the injured worker complains of continued pain in his low back with radiation of pain to the bilateral lower extremities. He describes his pain as constant, sharp, throbbing, burning and aching in nature and rates his pain a 9 on a 10-point scale without medications and a 5 on a 10-point scale with medications. His pain is aggravated by with prolonged walking, standing and bending and his pain is relieved with medications and rest. On physical examination the injured worker has tenderness to palpation over the bilateral lumbar paraspinal muscles and the bilateral L4, L5 and S1 spinous processes. His lumbar spine range of motion is limited in all parameters and he has a positive straight leg raise on the right. He has hypoesthesia over the right L4, L5 and S1 dermatomes. The diagnoses associated with the request include lumbar radiculopathy, muscle spasms, myofascial pain syndrome, chronic pain syndrome, and right knee pain. The treatment plan includes MRI of the lumbar spine, and and continuation of MSIR for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR Cap 15mg Qty 90 for 30 days supply: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78, 80-82, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Morphine Sulfate is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, pain relief, increased level of function, or improved quality of life. As such the request for MSIR Cap 15mg Qty 90 for 30 days supply is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM are silent specifically regarding repeating MRIs for lumbar spine. ACOEM does recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags." ODG states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints)

any red flags, significant worsening in symptoms or other findings suggestive of significant pathologies after the first MRI leading towards the request for the repeat MRI. As such, the request for MRI of lumbar spine is not medical necessary.