

Case Number:	CM15-0165411		
Date Assigned:	09/02/2015	Date of Injury:	09/09/2014
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/24/2015

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 44 year old male, who sustained an industrial injury on 9-9-14. Initial complaint was of his lower back. The injured worker was diagnosed as having lumbar radiculopathy; sprain-strains lumbar region. Treatment to date has included physical therapy; medications. Diagnostics studies included EMG-NCV study bilateral lower extremities (4-6-15). Currently, the PR-2 notes dated 7-21-15 indicated the injured worker complains of lower back pain radiating down the buttocks with pain -numbness over the left foot and first right toe. Objective findings reveal lumbar spine tenderness to palpation of the paravertebral muscles, spasm, tenderness and tight muscle band on the left side. Lumbar facet loading is positive on the left side Ober's was negative bilaterally. In a lateral decubitus position with knee flexed 90 degrees-slight abduction of the femur with hip extension to its limit-with the pelvis stabilized produced no significant discomfort. Pace's sign was absent, stretch of the piriformis was negative, and straight leg raise was negative. He has a negative FABER's, pelvic compression and Babinski's. All lower extremity reflexes are equal and symmetric. An EMG-NCV study of the bilateral lower extremities done on 4-6-15 impression reveals: bilaterally normal lower extremity needle EMG-NCV. No electronic evidence of motor radiculopathy, lumbar plexopathy or sensory neuropathy in and of the nerves or muscles tested. The treatment plan includes a spine surgeon consult for evaluation of lumbar disc disease. The provider is requesting authorization of Consultation with a spine surgeon (lumbar) and Vicodin 5/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a spine surgeon (lumbar): 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, prior diagnostics do not indicate any red flag symptoms, neurological findings or need for surgical intervention. Symptom is facet loading can be managed with pain intervention. As a result, the request for a spine surgeon is not medically necessary.

Vicodin 5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Vicodin for several months. There was no mention of pain reduction with use of medications and pain level remained on average of 7/10. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Vicodin is not medically necessary.