Case Number:	CM15-0190103		
Date Assigned:	10/02/2015	Date of Injury:	09/14/2014
Decision Date:	11/25/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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, Massachusetts
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 injured worker is a 52 year old male who sustained an industrial injury on 09-14-2014. Medical records indicated the worker was treated for low back pain and bilateral left greater than right lower extremity pain, and left knee pain. In the provider notes of 08-14-2015 the injured worker reports he still feels lumbar spine pain that radiates to the bilateral lower extremities and he rates that pain at an 8 on a scale of 0-10 at rest and a 10 on a scale of 0-10 with activities. Objective findings are of tenderness to palpation of the lumbar spine paravertebrals with a decreased range of motion of the lumbar spine. According to provider notes, the worker had a fall in 03-2015. No MRI studies were done at that time. The worker has not made significant improvement. The worker has history of a spinal fusion/laminectomy over 20 years ago. Diagnostic impressions(08-14-2015) included : Tendinopathy of the quadriceps tendon without acute rupture, left knee (MRI 10-21-2014); Mild tricompartmental osteoarthritis (MRI 10-21-2014); Postoperative changes at L5-S1 without evidence of spinal canal or neural foraminal stenosis MRI (12-29-2014); Mild diffuse lumbar spondylosis MRI (12-29-2014); and Lumbar degenerative disc disease (lumbar spine x-rays taken on the worker's initial visit-date not given). The treatment plan is for a new Magnetic Resonance Angiogram study to assess the level of degenerative changes and identity if there is new and further accident. Prescriptions were also given for Norco, Soma, and Motrin. A request for authorization was submitted for 1. MRA of the Lumbar Spine; 2. Soma 350mg 1 tab HS as needed #30; 3. Motrin 800mg, 1 pill three times a day as needed, #60; 4. Norco 10/325mg, 1 tab every 6-8 hours as needed, #60; A utilization

review decision on 09-10-2015 non-approved. MRA of the Lumbar Spine; Norco 10/325mg, 1 tab every 6-8 hours as needed, #60Approved; Soma 350mg 1 tab HS as needed #30; Motrin 800mg, 1 pill three times a day as needed, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to ACOEM guidelines referenced by MTUS, lumbar MRI is an appropriate diagnostic study "if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." From my review of the records there was recently a lumbar MRI performed in 2014 which showed no evidence of spinal canal or neuronal stenosis. There has been no significant change in symptoms or new injury that would indicate that the findings from an lumbar MRA would add important clinical information. Therefore, based on the cited guidelines the requested imaging study IS medically necessary.

Norco 10/325mg, 1 tab every 6-8 hours as needed, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. As well there is no report of UDS indicating if drug use is appropriate. Consequently, continued use of short acting opioids is not medically necessary.