

Case Number:	CM15-0191540		
Date Assigned:	10/05/2015	Date of Injury:	11/17/1999
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/29/2015

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 35 year old female, who sustained an industrial-work injury on 11-17-99. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain and sprain, right wrist carpel tunnel syndrome, and cervical strain and sprain. Treatment to date has included pain medication, Elavil since at least 7-23-15, cervical discectomy and fusion, trigger point injection 4-17-15 with 40 percent relief, physical therapy, off work, and other modalities. Medical records dated (4-16-15 to 7-23-15) indicate that the injured worker complains of neck pain, headaches, low back pain and bilateral lower extremity pain. The pain is rated 6 out of 10 on the pain scale and increased activity increases the pain. The pain also goes into the feet. Per the treating physician report dated 7-23-15 the injured worker has not returned to work. The physical exam dated 7-23-15 reveals tenderness to palpation of the lumbar spine with decreased active range of motion. The physician indicates that an updated Magnetic Resonance Imaging (MRI) of the lumbar spine is needed as the injured worker is having progressive radicular pain and is interested in further invasive treatment. A request for surgical consult is to address the abdominal mesh deterioration used during the injured workers fusion. The physician indicates that he discontinued Pamelor and prescribed Elavil. Several medical records within the submitted documentation are difficult to decipher. The request for authorization date was 9-11-14 and requested services included Magnetic Resonance Imaging (MRI) of the lumbar spine with GAD, Elavil 25mg two PO QHS #60, and Surgical consultation. The original Utilization review dated 9-14-15 non-certified the request for Magnetic Resonance Imaging (MRI) of the lumbar spine with GAD, Elavil 25mg two PO QHS #60, and Surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine with GAD: Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, the claimant had persistent back pain with radiation to the legs. There was a plan to consider more invasive procedures based on the result. The request for an MRI of the lumbar spine is medically necessary and appropriate.

Elavill 25mg; two PO QHS #60: Overturned

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): Antidepressants for chronic pain.

Decision rationale: According to the guidelines, Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. They are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, there were no neuropathic symptoms. In this case, the claimant does have chronic low back pain. Use of Elavil is appropriate over using long-term opioids or NSAIDS. The claimant continues to have chronic pain and will be considering invasive procedures. The use of Elavil in the interim is medically necessary.

Surgical consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

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 office guidelines, pg 92.

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, the claimant had persistent and worsening pain not improving with conservative modalities. Imaging was requested in preparation for an invasive procedure. The request for a surgical consultation is medically necessary and appropriate.