

<b>Case Number:</b>	CM15-0203440		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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

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 30 year old male, who sustained an industrial injury on 7-12-11. The injured worker was being treated for long term use of meds, lumbar disc displacement without myelopathy, neck pain, pain in shoulder joint and tension headache. On 7-27-15 and 8-24-15, the injured worker complains of severe back pain and bilateral leg pain with worsening of numbness and tingling. He has had worse problems for 2 weeks and wants to see the surgeon and would like to see the clinical psychologist as he is becoming more depressed and having difficulty coping with worsening of pain. Work status is noted to be permanent and stationary. Physical exam performed on 7-27-15 and on 8-24-15 revealed antalgic gait, positive straight leg raise on left and right, decreased sensation in dermatomes and spasm and guarding over lumbar spine significantly on left side. Treatment to date has included oral medications including Nabumetone, Buprenorphine HCL 2mg (since at least 5-2015); psychotherapy and activity modifications. The treatment plan included Nabumetone 500mg #90, Buprenorphine Hcl 2mg #30, 6 follow up visits with psychologist, MRI of lumbar spine and surgical re-evaluation after MRI is complete. On 9-15-15 request for Nabumetone 500mg #90 was non-certified, Buprenorphine Hcl 2mg #30 was modified to #20, 6 follow up visits with psychologist, MRI of lumbar spine was non-certified and surgical re-evaluation after MRI is complete was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

**Decision rationale:** The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record does document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. In addition to the physical examination findings, the patient is stating that his leg pain has increased, which is indicative of nerve root impingement. I am reversing the previous UR decision. MRI lumbar spine is medically necessary.

**Buprenorphine HCL SL 2mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

**Decision rationale:** According to the MTUS, Buprenorphine is recommended for the treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex and Suboxone). When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. (SAMHSA, 2008) there is no documentation that the patient is currently undergoing formal drug addiction treatment. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Buprenorphine HCL SL 2mg #90 is not medically necessary.

**Surgical re-evaluation with Dr.:** Upheld

**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.

**Decision rationale:** According to the ACOEM Guidelines, referral for surgical consultation is indicated for patients who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Failure of conservative treatment to resolve disabling radicular symptoms. In addition, the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation, absent lumbar MRI findings of nerve root compromise, and does not support a referral request. The Lumbar MRI has been authorized, however. Currently, surgical re-evaluation is not medically necessary.

**6 follow up visits with the psychologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition, specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. ACOEM Guidelines referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. 6 follow up visits with the psychologist is not medically necessary.