

Case Number:	CM15-0029240		
Date Assigned:	02/23/2015	Date of Injury:	02/11/2004
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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: Emergency 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 55 year old female, who sustained an industrial injury on 2/11/04. She has reported neck and back injury. The diagnoses have included greater occipital neuralgia, status post lumbar spine discogram, lumbar discopathy, lumbar radiculopathy, lumbar facet syndrome, sacroiliac joint arthropathy, cervical discopathy, cervical radiculopathy, bilateral shoulder impingement syndrome, probable left wrist carpal tunnel syndrome, anxiety and insomnia. Treatment to date has included physical therapy, home exercise program and oral medications. Currently, the injured worker complains of cervical and lumbar spine pain worsened since last visit. ON 12/31/14, tenderness is noted to palpation with spasms over the paracervical musculature and sub occipital region over the trapezius muscles. Decreased sensation is noted along the bilateral L4 and L5 dermatomes with limited range of motion of lumbar spine area. On 1/23/15 Utilization Review non-certified (MRI) magnetic resonance imaging of lumbar spine, noting (CT) computerized tomography scan of lumbar spine was performed in 2013 and there is no significant change in the injured worker's presentation since then and Norco 10/325mg #52, noting the modified certification from #120 to #52 for weaning purposes. The MTUS, ACOEM Guidelines, was cited. On 2/16/15, the injured worker submitted an application for IMR for review of (MRI) magnetic resonance imaging of lumbar spine and Norco 10/325mg #52.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested MRI of the lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has cervical and lumbar spine pain. The treating physician has documented tenderness is noted to palpation with spasms over the paracervical musculature and sub occipital region over the trapezius muscles. Decreased sensation is noted along the bilateral L4 and L5 dermatomes with limited range of motion of lumbar spine area. The treating physician has not documented a positive straight leg raising test, nor deficits in reflexes or muscle strength nor an acute clinical change. The criteria noted above not having been met, MRI of the lumbar spine is not medically necessary.

Norco 10/325mg #52: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg #52 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has cervical and lumbar spine pain. The treating physician has documented tenderness is noted to palpation with spasms over the paracervical musculature and sub occipital region over the trapezius muscles. Decreased sensation is noted along the bilateral L4 and L5 dermatomes with limited range of motion of lumbar spine area. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #52 is not medically necessary.

