MAXIMUS Federal Services

Case Number:	CM15-0036904		
Date Assigned:	03/05/2015	Date of Injury:	12/01/1984
Decision Date:	04/14/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/26/2015

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: New York, West Virginia, Pennsylvania
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 72-year-old male who sustained an industrial injury on 12/1/84. The injured worker reported symptoms in the back and lower extremities. The diagnoses included adjacent segment disease L2-3. Treatments to date include status post left sacroiliac joint surgery on 10/3/13, status post posterior fusion and laminectomies, status post fixation of left sacroiliac joint, oral pain medication, oral benzodiazepines and activity modification. In a progress note dated 1/9/15 the treating provider reports the injured worker was with pain in the sacroiliac joint and left leg noting "moderately tender to deep palpation over the left sacroiliac join, minimally tender on the right." On 1/22/15 Utilization Review non-certified the request for Magnetic Resonance Imaging (MRI) of pelvis, Magnetic Resonance Imaging (MRI) of lumbar spine, Urine drug screen and Oxycodone 5 milligrams quantity 90. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip and Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis.

Decision rationale: Guidelines support use of MRI for the pelvis for bony/soft tissue abnormalities, osteonecrosis, fractures, soft tissue injuries and tumors. In this case, the documentation did not indicate any acute pathology that would necessitate an MRI. A CT scan has been done and there has not been an intervening event to support the need for an MRI. Thus, the request for MRI of the pelvis is not medically necessary and appropriate.

Magnetic Resonance Imaging (MRI) of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

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

Decision rationale: Guidelines support a repeat MRI lumbar spine but only if the plain radiographs have been performed and demonstrating some pathology. In this case, a CT scan did not show any pathology that would warrant an MRI. Thus, the request for MRI lumbar spine is not medically appropriate and necessary.

Urine drug screen: 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 Page(s): 43, 78.

Decision rationale: Guidelines recommend drug testing as an option to assess the presence of illegal drugs or inappropriate use or drug diversion. In this case, the oxycodone was being weaned off and discontinued. Thus, the request for urine drug testing was not medically necessary and appropriate.

Oxycodone 5 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

Decision rationale: Guidelines recommend long acting opioids in the management of chronic pain at the lowest dose and with ongoing monitoring of pain relief, functional status, appropriate medication use and side effects. In this case, the patient suffers from chronic pain but there is no documentation of improvement in pain or function. Thus, the request for Oxycodone 5 mg #90 is not medically appropriate and necessary.