

Case Number:	CM15-0043983		
Date Assigned:	03/13/2015	Date of Injury:	08/19/2009
Decision Date:	04/23/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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: Physical Medicine & Rehabilitation

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 62-year-old male, who sustained an industrial injury on 8/19/2009. He has reported a fall with resulting pain in the knees, hips, back, shoulders, and head. The diagnoses have included lumbar disc degeneration, joint pain pelvis/hip and high/thigh sprain. Treatment to date has included medication therapy, physical therapy, and joint injections. Currently, the IW complains of bilateral lower extremity swelling, and cramping/spasms in hips, thighs, hands, neck and low back. The prior hip joint injection was noted to have not been helpful. The provider notes that there is a lumbar disk bulge of 13 millimeters and the referral to the spine surgeon was previously denied. The physical examination from 2/20/15 documented tenderness in lumbar spine and positive straight leg raise on the right side. The plan of care included a referral to the spine surgeon regarding disc bulge, labral tear and right hip pain and lumbar degenerative disc disease, repeat Magnetic Resonance Imaging (MRI), and initiate aquatic therapy.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: Based on the 2/20/15 progress report provided by the treating physician, this patient presents with bilateral lower extremity swelling, worse in the evening but gone in the morning when he wakes up. The treater has asked for MRI OF THE LUMBAR SPINE on 2/20/15 "for update." The patient's diagnoses per Request for Authorization form dated 2/20/15 are neck pain, CTS, arthralgia shoulder, HTN unspecified benign. The patient also has infrequent cramps/spasms in the hips/thighs/hands/neck/lower back per 2/20/15 report. The patient is s/p an unspecified hip injection which was not helpful per 2/20/15 report. The patient has a new pain on the outer hips, which does not feel muscle related but in the hip joints, most noticeable when going from sitting to standing, and with walking per 1/9/15 report. The patient had a fever that lasted for 3 days which flared up his low back pain and hip pain which has more popping this past month, with pain currently rated 3/10 per 11/25/14 report. The patient is retired and last worked on 10/29/10 per 8/25/14 report. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient had a prior lumbar MRI privately a few months after a reinjury on 10/26/10, where he was told of "damaged discs" in the neck, mid-back, and low back, as well as a labrum tear in the right hip per 8/25/14 report. There was no MRI report provided in the documentation. Treater states that the orthopedist has recommended a spine surgeon evaluation for a lumbar disc bulge of 13mm. In this case, the treater is requesting an updated MRI. The UR denial was based on lack of documentation of lower extremity issues. The treater does mention a referral to a spine surgeon regarding a "bulging disc and right hip pain with labral tear, as well as lumbar degenerative disc disease referred disc pain vs. hip pain treatment options" per 2/20/15 report. There is swelling of the lower extremities, as well as a new hip pain with onset on 1/9/15, for which an updated lumbar MRI would appear reasonable. The request IS medically necessary.

Duloxetine 60mg #30 refills times three: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors Duloxetine (Cymbalta) Medications for chronic pain Page(s): 16-17, 43-44, 60.

Decision rationale: Based on the 2/20/15 progress report provided by the treating physician, this patient presents with bilateral lower extremity swelling, worse in the evening but gone in the morning when he wakes up. The treater has asked for DULOXETINE 60MG #30 REFILLS TIMES THREE on 2/20/15. The patient's diagnoses per Request for Authorization form dated 2/20/15 are neck pain, CTS, arthralgia shoulder, HTN unspecified benign. The patient also has infrequent cramps/spasms in the hips/thighs/hands/neck/lower back per 2/20/15 report. The patient is s/p an unspecified hip injection which was not helpful per 2/20/15 report. The patient has a new pain on the outer hips, which does not feel muscle related but in the hip joints, most noticeable when going from sitting to standing, and with walking per 1/9/15 report. The patient had a fever that lasted for 3 days which flared up his low back pain and hip pain which has more popping this past month, with pain currently rated 3/10 per 11/25/14 report. The patient is retired and last worked on 10/29/10 per 8/25/14 report. MTUS pp 43, 44 states that Duloxetine (Cymbalta) is recommended as an option in first-line treatment option in neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. The patient is currently taking Cymbalta as per requesting 2/20/15 report, and Cymbalta is also mentioned in 1/9/15 report: "now taking three of the 30mg Cymbalta QD." However, the reports do not discuss the intended use of this medication, how long it has been prescribed and if it helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request IS NOT medically necessary.