

Case Number:	CM15-0053198		
Date Assigned:	03/26/2015	Date of Injury:	05/04/2011
Decision Date:	05/14/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/20/2015

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 56-year-old male who reported an injury on 05/04/2011. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 02/20/2015. The documentation of 02/18/2015, revealed the injured worker was status post lumbar transforaminal epidural steroid injection at L4-5 on 08/26/2014. The injured worker reported 50% pain reduction, improved function and reduced reliance on pain medications, and improved quality of sleep. The physical examination revealed sensation was grossly intact to light touch and pinprick throughout the upper and lower extremities. Reflexes were 2+/4 in the upper and lower extremities. The injured worker had decreased range of motion of the lumbar spine. The diagnoses included displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, sedative, hypnotic, or anxiolytic dependence episodic. The treatment plan was an MRI of the lumbar spine, was 1 was done several years previously. Additionally, a request was made for a lumbar epidural steroid injection for increasing pain, Norco 10/325 mg, and Colace 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate that repeat MRIs are recommended when there is documentation of a significant change in symptoms, or documentation of a significant change in objective findings upon physical examination. The clinical documentation submitted for review indicated the injured worker's prior MRI was 'years prior.' However, there was a lack of documentation of a significant change in objective findings or significant change in symptoms. Given the above, the request for an MRI of the lumbar spine is not medically necessary.

Lumbar ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Guidelines recommend repeat epidural steroid injections when there is documentation of a 50% or greater reduction in pain, an objective improvement in function, and a decreased reliance on pain medications for 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker had 50% pain reduction, improved overall function, and reduced reliance on pain medications. The pain relief, improvement in function, and reduced reliance on pain medications was not documented for the duration of 6 to 8 weeks. The request as submitted failed to indicate the specific laterality and level to be injected. Given the above, the request for a lumbar epidural steroid injection is not medically necessary.

Norco 10/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional

improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the request for Norco 10/325 mg is not medically necessary.

Colace 100 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend prophylactic treatment of constipation prior to initiation of opiates. The clinical documentation submitted for review failed to provide documentation of efficacy for the requested medication. The injured worker had utilized opiates previously. The request as submitted failed to indicate the frequency and the quantity. Given the above, the request for Colace 100 mg is not medically necessary.