

<b>Case Number:</b>	CM15-0066114		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	11/03/2007
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Texas, New York, 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 applicant is a represented 55-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 3, 2007. In a Utilization Review report dated March 13, 2015, the claims administrator failed to approve requests for lumbar MRI imaging, cervical MRI imaging, renal and hepatic function testing, and methadone. The claims administrator referenced a March 16, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On January 14, 2015, the applicant reported ongoing complaints of low back and bilateral knee pain. The applicant reported issues with depression, anger, and irritability. 7/10 pain with medications was reported. The applicant was using methadone and Zoloft, it was noted. Ancillary complaints of insomnia, fatigue, anxiety, depression, stiffness, and swelling were reported in the review of systems section of the note. MRI imaging, a pain psychology consultation, methadone, Zoloft, and regular work were endorsed. It was not clearly stated whether the applicant was in fact working, however. On September 24, 2014, the applicant reported low energy levels, depression, and ongoing complaints of low back pain radiating into legs. The applicant was using methadone and Cymbalta. 8/10 pain with medication was reported. Methadone was renewed. A pain psychology consultation was sought. The applicant's work status was not detailed on this occasion. The claims administrator's medical evidence log suggested that the January 14, 2015 progress note represented the most recent note on file; it did not appear, thus, that the March 16, 2015 RFA form and associated progress notes made available to the claims administrator were incorporated into the IMR packet.

## 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** No, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question, as of the most recent note on file dated January 14, 2015. While it is acknowledged that more recent progress notes made available to the claims administrator were not incorporated into the IMR packet, the historical information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** Similarly, the request for MRI imaging of the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, however, the most recent progress note on file dated January 14, 2015 made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the cervical spine based on the outcome of the study in question. While it is acknowledged that more recent progress notes made available to the claims administrator were not incorporated into the IMR packet, the historical information on file, however, failed to support or substantiate the request. It did not appear that the cervical MRI in question would have appreciably altered approach to treatment plan. The fact that cervical lumbar MRI studies were concurrently ordered significantly decrease the likelihood of the applicant's acting on the results of either study and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

**Liver and kidney function test:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** Conversely, the request for liver and kidney function testing was medically necessary, medically appropriate, and indicated here. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested laboratory monitoring in applicants using NSAIDs includes periodic assessment of CBC and chemistry profile to include liver and kidney function testing. Here, while the applicant was not seemingly using NSAIDs, at least based on the historical notes on file, the applicant was using other medications processed in the liver and/or kidneys, including Cymbalta. Assessment of the applicant's renal and hepatic function to ensure that the same were compatible with currently prescribed medications was, thus, indicated. Therefore, the request was medically necessary.

**Methadone 10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Finally, the request for methadone, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while it was suggested (but not clearly stated) that the applicant was working on January 14, 2015, this report was, however, outweighed by the attending provider's failure to outline meaningful or material improvements in function or quantifiable decrements in pain (if any) as a result of ongoing methadone usage. The applicant continued to report pain complaints as high as 7-8/10, despite ongoing methadone usage. It did not appear, thus, that the applicant had profited appreciably through ongoing methadone usage, based on the historical notes on file. Therefore, the request was not medically necessary.