

Case Number:	CM15-0083003		
Date Assigned:	05/05/2015	Date of Injury:	06/29/2012
Decision Date:	06/09/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/30/2015

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: Family Practice

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 32-year-old female, who sustained an industrial injury on June 29, 2012. She reported low back pain. The injured worker was diagnosed as having lumbar degenerative joint disease and lumbar 5 through sacral 1 disc herniation with ongoing right leg symptoms and impingement of the sacral 1 nerve root. Treatment to date has included diagnostic studies, physical therapy, acupuncture therapy, home exercises, medications and activity restrictions. Currently, the injured worker complains of persistent low back pain radiating to bilateral lower extremities right worse than left. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on October 1, 2014, revealed continued pain. Epidural steroid injections were ordered. Evaluation on March 31, 2015, revealed continued pain as noted. She reported a 50% reduction in pain with medications. She noted the pain without medications is a 10 on a 1-10 scale with 10 being the worst pain. Urinary drug screen was noted as appropriate. Evaluation on April 6, 2015, revealed continued pain. Neurologic deficit is noted on clinical examination. A neurosurgery consultation and Mobic was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21-22.

Decision rationale: According to the MTUS guidelines, anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker is followed for lumbar radiculopathy that has not responded to conservative management. She is reporting benefit from the use of medication management and is pending further evaluation. Mobic has a low risk factor for gastrointestinal events, and this request is supported. The request for Mobic 15mg #30 is medically necessary and appropriate.

Neurosurgery consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: According to ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker is diagnosed with lumbar radiculopathy and has not responded to conservative management. The injured worker has positive neurologic deficits on clinical examination and the request for surgical consultation is supported now. The request for Neurosurgery consultation is medically necessary and appropriate.