

Case Number:	CM15-0234591		
Date Assigned:	12/10/2015	Date of Injury:	07/04/2015
Decision Date:	01/14/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/01/2015

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: North Carolina, Georgia
 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 34 year old male who sustained an industrial injury on 7-5-2015. A review of medical records indicates the injured worker is being treated for lumbar sprain, right facet arthropathy, right lower extremity radiculopathy, and left lower extremity radiculopathy and weakness. Medical records dated 11-17-2015 noted a spraining injury to his low back with left lower extremity weakness and right lower extremity radiculopathy down to the lateral leg but not as week on the right compared to the left. His activity was limited. Physical examination noted tenderness to the lumbar spine and right sciatic notch. Treatment has included Nortriptyline since at least 11-17-2015, physical therapy, and medications. Utilization review form dated 11-25-2015 modified Nortriptyline 10mg #10 and noncertified spine surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 10mg qty 10, 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Tricyclics.

Decision rationale: CA MTUS guidelines state that tricyclic's are effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. They are considered a first line intervention for neuropathic pain. In this case, the tricyclic is prescribed for chronic pain evidence that the pain is neuropathic. Nortriptyline 10 mg #10 with 1 refill is medically necessary.

Spine surgery consultation qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: ACOEM addresses the need for surgical specialty consultation. Reasons for such consultation include presence of any red flag findings, failure to respond as expected to a course of conservative management or consideration of surgical intervention. The medical records in this case do indicate that the claimant has failed to respond to an initial course of conservative care. However, MRI results are pending as is a consultation with pain management specialist. Without documentation of response to pain management interventions and results of MRI, spine surgery consultation is not medically necessary.