

<b>Case Number:</b>	CM13-0031028		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49 year old male with date of injury October 31, 2011. A recent progress note available for review dated November 22, 2013 indicates that the patient's right hip is doing better. He continues to complain of right knee pain which is described as aching and once in a while he experiences stabbing pain. The pain score without medication is eight out of 10 and with medication is six out of 10. The pain is aggravated by standing, walking, bending, and lifting. The pain is alleviated by lying down, sitting, and medications. The diagnosis includes right knee pain with a history of prior knee arthroscopic surgeries, medial meniscectomy, and is rightly pain with evidence of complex tear of the anterior superior labrum on MRI. There is a notation that the patient has been on Celebrex since May 31, 2012. There is documentation that the patient tried other NSAIDs but could not tolerate the medications due to GI symptoms.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** In the case of this injured worker, the rationale for the lumbar MRI is to investigate causes of the patient's bilateral lower extremity numbness. The physical examination from a progress note on date of service November 22, 2013 documents five out of five manual muscle testing in the bilateral lower extremities, 2+ reflexes in the quadriceps and gastric soleus, and gait without any assistive devices. This is essentially a non-focal neurologic exam and there is no clear documentation of neurologic dysfunction. Therefore, in these cases, the ACOEM text recommends further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The request for lumbar MRI is recommended for non-certification.

**Celebrex 200mg #30 with 2 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, NSAIDs Page(s): 30, 67-68.

**Decision rationale:** In the case of this injured worker, the patient is on Celebrex because of intolerance to other NSAIDs due to GI symptoms. The Chronic Pain Medical Treatment Medical Guidelines specifically state COX-2 NSAIDs have fewer GI side effects and therefore this is an appropriate medication for this patient. Certification of Celebrex is recommended