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| Case Number: | CM13-0038930 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 03/31/2009 |
| Decision Date: | 06/17/2014 | UR Denial Date: | 09/09/2013 |
| Priority: | Standard | Application Received: | 10/01/2013 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 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/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:

This is a patient with a date of injury of March 31, 2009. A utilization review determination dated September 9, 2013 recommends non-certification of updated MRI of the lumbar spine and Fexmid. A progress report dated January 23, 2013 indicates that the patient underwent a lumbar MRI in April 2011. The note also indicates that the patient uses Flexeril and Ultram. A progress report dated August 28, 2013 identifies subjective complaint indicating that the patient is undergoing acupuncture. The patient continues to complain of right lower extremity numbness and tingling. Physical examination findings revealed tenderness to palpation, reduced range of motion, and positive straight leg raise with decreased sensation on the right at L4, L5, and S1. The current diagnoses include lumbar radiculopathy, thoracic spine sprain/strain, and left sacroiliac (illegible). A review of an MRI dated April 11, 2011 indicates that the patient has disc protrusions at L2-3, L3-4, L4-5, and L5-S1. The treatment plan recommends medication, continuing acupuncture, (illegible) sees, and request an updated lumbar spine MRI due to persistent numbness and tingling in the right lower extremity, decreased sensation over the L5-S1 nerve distribution. The remainder of the treatment plan is illegible. A report dated June 7, 2013 indicates that on each of the patient's visits, she has objective examination findings of positive straight leg raise on the right and decreased sensation over the right L5 and S1 dermatomes. Additionally, the physician states that the patient's objective findings have been corroborated by the MRI performed in 2011.

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 Work Loss Data Institute's Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is identification of objective findings that identifies specific nerve compromise on the neurologic exam. However, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

FEXMID 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Cyclobenzaprine (Fexmid), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Fexmid is not medically necessary.