MAXIMUS Federal Services

Case Number:	CM14-0182945		
Date Assigned:	11/07/2014	Date of Injury:	10/25/2013
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational 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 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:

Injured worker is a male with date of injury 10/25/2013. Per primary treating physician's progress report dated 10/8/2014, the injured worker complains of headache, cervical, thoracic, and lumbar pain. He states that most of his problem is with his neck pain that extends down to the upper back area. He states that he has been placed on modified work and he has been feeling better. He has not pain or numbness radiating into his upper extremities. He continues to have problems with headaches which he describes more in the back of his head, which he states he has constantly. He does have some associated dizziness at times, but denies any problems with nausea, vomiting, or photophobia. His aches do get worse with aggravation of his neck pain which may be more associated with tension headache. He aslo has some continued complaints of lower back pain. He states that this is also better shich he has been placed on light duty. Pain in his legs is questionable wheter it is sciatic and states he has aching, which feels like his bones. He denies numbness in hs lower extremities. Neck pain has been controlled with ibuprofen and he does take other medications for his heacaches. On examination he has some continued tenderness of his cervical paraspinous muscles bilaterally extending to the upper thoracic area and laterally along the upper trapezius muscles bilaterally. He has good range of moino of the cervical spine to flexion and extension and left and right rotation with some complaints of pain. He has good hand grip strength bilaterally with no sensory deficits in his upper extremities. Examination of his lumbar spine reveals tenderness of the paraspinous muscles and the midline at the L4-S1 levels. There is no appreciable spasm. Straight leg raising tetst is questionably positive in the left. He has no sensory deficits in his legs bilaterally. His gait appears normal. Diagnoses include 1) headache, tension 2) sprain, cervical spine 3) pain, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

Decision rationale: The requesting physician reports that the injured worker has seen a surgeon who did not recommend any type of surgery. It is explained that the injured worker his pain has not changed much over the past year. Since he is reaching permanent and stationary status an MRI of the lumbar spine is desired as he may have underlying degenerative disc disease. The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The request for MRI lumbar spine is not medically necessary.

Florinal with codeine #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs) Page(s): 23.

Decision rationale: The injured worker explains that he takes a medication that contains caffeine for his tension headaches that works well. The requesting physician reports that this medication might be Fiorinal with caffeine, as he has been prescribed that medication previously. Thee request for Fiorinal with codeine is not explained other than it is prescribed as on tablet every 8-12 hours as needed for headache.The MTUS Guidelines do not recommend the use of Barbiturate containing analgesic agents for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy due to the Barbiturate constituents. There is a risk of medical overuse as well as rebound headache. The request for Florinal with codeine #60 is not medically necessary.