MAXIMUS Federal Services

Case Number:	CM14-0183354		
Date Assigned:	11/10/2014	Date of Injury:	10/02/2012
Decision Date:	12/17/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/04/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The 9/16/14 note indicates pain in the chest, ribs and lumbar spine. Examination notes reduced range of motion with tenderness to palpation over the paraspinous muscles of the lumbar vertebrae. There is positive SLR with mildly antalgic gait. MRI of spine reports severe central canal stenosis. 8/5/14 report notes sensation is intact over the lower extremities. DTRs are 1 + bilaterally at patella and 0 bilaterally at the Achilles.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI (magnetic resonance imaging) 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), Low Back - Lumbar & Thoracic (Acute & Chronic), Indications for imaging - Magnetic resonance imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, MRI

Decision rationale: ODG guidelines support MRI for findings of progressive neurologic deficit or suspicious of red flags. The medical records provided for review do not indicate any finding of spinal instability or indicate progressive neurologic deficit or risk of cancer or infection. As

such the medical records do not support MRI congruent with ODG guidelines. Therefore, the requested MRI is not medically necessary.

One Neurosurgeon Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 303-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section (for example Knee), (for example Total Knee Arthroplasty)

Decision rationale: MTUS supports referral for specialty care referral for surgical consultation when there is:- Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise- Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms- Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair- Failure of conservative treatment to resolve disabling radicular symptomsThe medical records provided for review do not support progressive neurologic changes in the insured with h/o DJD or prior surgical intervention and does document a lesion known to benefit in both short and long term from surgical repair. Congruent with MTUS, the medical records do not support medical necessity for referral to specialist. Therefore, the request for One Neurosurgeon Consultation is not medically necessary.

One Review of Medical Records Regarding Lumbar Spine with Timothy Weibe M.D.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 303-306.

Decision rationale: MTUS supports referral for specialty care referral for surgical consultation when there is:- Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise- Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms- Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair- Failure of conservative treatment to resolve disabling radicular symptomsThe medical records provided for review do not support progressive neurologic changes in the insured with h/o DJD or prior surgical intervention and does document a lesion known to benefit in both short and long term from surgical repair. Congruent with MTUS, the medical records do not support medical necessity for referral to specialist and as such review of medical records. Therefore, the

request for One Review of Medical Records Regarding Lumbar Spine with Timothy Weibe M.D is not medically necessary.

1 prescription of Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, Opioids.

Decision rationale: The medical records report ongoing pain that is helped functionally by continued used of Opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the Opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring; the medical records do not support the continued use of Opioids such as Norco. Therefore, the requested Norco 5/325mg #30 is not medically necessary or appropriate.