

Case Number:	CM14-0213538		
Date Assigned:	12/31/2014	Date of Injury:	11/15/2010
Decision Date:	02/27/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/20/2014

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. 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: New Jersey, New York
 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 37 year-old female who injured her back on 11/15/10 when carrying heavy boxes. She complained of low back pain with radiation to legs occasionally. On exam, she had diffuse lumbosacral tenderness, lumbar stiffness with decreased range of motion and negative neurologic examination findings. She had MRI in 2012 but results were not described or included in the chart. She was diagnosed with lumbalgia, and lumbar intervertebral disc without myelopathy. She had lumbar disc surgery in 2012 due to a herniated disc. Medications included ibuprofen. The current request is for MRI lumbar spine, electrodiagnostic study of bilateral lower extremities, and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of lumbar spine between 11/2/2014 and 1/9/2015.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 53, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for lumbar MRI is medically unnecessary. An MRI of lumbar spine is useful to identify specific nerve compromise found on physical exam. This patient did not have any documented specific nerve deficits on exam. She had normal sensation and strength. She also had an MRI in 2012 but results were not included. Indiscriminant imaging can result in false positive findings, such as disc bulges, that may not be the source of the pain or warrant surgery. There was no change in physical exam or complaints that would warrant a repeat MRI. Because of these reasons, the request for lumbar MRI is medically unnecessary.

1 NCS of bilateral lower extremities between 11/2/2014 and 1/9/2015.: 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): 303-304, 309.

Decision rationale: The request for an NCS of the lower extremities is not medically necessary. NCS are used to clarify nerve root dysfunction and is not indicated for obvious radiculopathy. Although in the chart mentions that she had lower back pain, there was no documented neurologic deficit on physical exam. The patient had normal sensation and strength of bilateral lower extremities. The patient's response to conservative measures such as physical therapy and acupuncture, as well as response to medications was not documented. If surgery was indicated, a NCS may be needed but currently an NCS is not medically necessary.

1 prescription of Cyclobenzaprine 7.5 mg, #60 between 11/2/2014 and 11/2/2014.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. There was no documentation of muscle spasms. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, continued use is considered not medically necessary.