

Case Number:	CM15-0117876		
Date Assigned:	06/26/2015	Date of Injury:	10/02/2001
Decision Date:	07/27/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/18/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59-year-old male who sustained an industrial injury on 10/2/01 when he fell from a truck bed landing on his out stretched hand experiencing pain in the right hand and wrist. He was medically evaluated and x-rays showed a distal right radius fracture. He was splinted and then casted. After seven months the fracture was healed and recovered. He did complain of low back pain about two weeks after the initial injury this did increase and as he was becoming more active. He had an MRI of the low back (7/23/02) showing advanced degenerative disc disease with protrusion and bulging and osteophyte formation. He had lumbar computed tomography discogram (2/20/03) showing findings consistent with the MRI. He had an anterior and posterior procedure with discectomy at L4-5 and L5-S1 with bone graft surgery on 5/14/13. He currently complains of constant low back pain that radiates into his right leg on occasion. His pain level is 6/10. On physical exam of the lumbar spine there was tenderness on palpation of the right lumbar paraspinal muscle with one trigger point detected, tenderness of the right lumbar facet joints L4-5 and L5-S1, decreased range of motion. He is able to perform activities of daily living and function due to medications. Medications were Colace, MS Contin, Norco, zolpidem. Diagnoses include lumbar disc degeneration; postlaminectomy syndrome of the lumbar region; lumbar spinal stenosis; lumbosacral spondylosis without myelopathy. Diagnostics include MRI of the lumbar spine (12/5/11) showing solid anterior fusion, end plate osteophytes, minimal stenosis and bilateral foraminal narrowing. In the progress note dated 6/2/15 the treating provider's plan of care includes request for Norco 10/325 mg every six hours by mouth as needed # 120; trigger point injections to the lumbar paraspinal muscles on the right to decrease inflammation and irritability of the lumbar paraspinal muscles; since the injured worker continued to experience severe pain that interferes with his activities of daily living an updated MRI of the lumbar spine to assess the pathology and changes was also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the careful use of opioid medications when there is meaningful pain relief, functional support and a lack of drug related behaviors. This individual meets these Guideline criteria. The prescribing physician documents meaningful pain relief (20-25%) and improved function secondary to medication use. There are no indications of drug related aberrant behaviors. Under these circumstances, the Norco 10/325 #120 is medically necessary.

Unknown trigger point injections: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: MTUS Guidelines allow for a trial of trigger point injections for chronic myofascial pain. The Guidelines have very specific criteria to justify a trial of injections(s) and very high standards have to be met to justify repeat trigger point injections. This request appears to be an initial trial injections) in the right lumbar soft tissues due to the presence of a trigger point on examination. Under these circumstances the right lumbar trigger point injection trial is supported by Guidelines and is medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs (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 Low Back - Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not address this issue of repeat MRI studies of the low back. ODG Guidelines address this issue and do not recommend repeat studies unless there are significant changes in neurological status or pain patterns. This individual does not meet these criteria. The pain pattern is stable and the exam reveals a neurological stable status. The stated rationale for the MRI is due to the fact that the pain is severe and chronic, so an updated MRI is requested which is not Guideline supported as adequate rationale. Per Guideline standards, this request is not supported and is not medically necessary.