

Case Number:	CM15-0127540		
Date Assigned:	08/17/2015	Date of Injury:	07/21/2000
Decision Date:	09/15/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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: Emergency 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 53 year old female who sustained an industrial injury on 7-21-00. The mechanism of injury was unclear. She currently complains of neck pain; increasing low back pain with burning sensation radiating down left lower extremity. She uses a cane for ambulation. Her pain level without medication was 8 out of 10 and 3 out of 10 with medication. On physical exam of the lumbar spine there was decreased range of motion and pain. Medications were Percocet, Lactulose, Lexapro, trazadone, Soma. Medications decrease her pain level and allow her to remain functional. She had had risk assessment (4-20-15), urine drug screen which was consistent with prescribed medications and she has an updated opioid agreement. Diagnoses include cervical fusion at C6-7 (3-2005); status post lumbar decompression, fusion at L3-4 (5-2008); lumbar fusion at L4-5 and L5-S1(2001); depression due to chronic pain. Treatments to date include medications; cervical epidural injection; acupuncture. Diagnostics include MRI of the cervical spine (12-2007) showing posterior disc bulge; MRI cervical spine (6-23-09) showing solid fusion. In the progress note dated 5-18-15 the treating provider's plan of care includes requests for computed tomography for further evaluation of radicular symptoms in the L3 distribution as this level was fused in the past; x-ray of the left hip to rule out a hip pathology; Soma 350 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. The documentation does not provide any rational justification for continuing this medically inappropriate medication. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.

CT scan 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: CT (computed tomography).

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of 'red flag' signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. There is extensive imaging history with prior MRI from 2009 showing appropriate fusion. Official Disability Guidelines, does not recommend CT scan unless there is trauma or failure of fusion not identified by other imaging. CT Scan of lumbar spine is not medically necessary.

X-ray of the left hip: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis: X- rays.

Decision rationale: MTUS ACOEM guidelines do not have a specific section that deal with hip or pelvis. Official Disability Guidelines, recommend X-rays in traumatic situations or patients at risk for osteoarthritis. Physical exam is not consistent with osteoarthritis and rationale for imaging to "rule out" cause of pains is not appropriate. X-ray of hip is not medically necessary.