

Case Number:	CM15-0173292		
Date Assigned:	09/15/2015	Date of Injury:	08/06/2007
Decision Date:	10/14/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/02/2015

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: Physical Medicine & Rehabilitation

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 8-6-2007. Medical records indicate the worker is undergoing treatment for myofasciitis, lumbar discopathy and sciatica. A recent progress report dated 8-26-2015, reported the injured worker complained of low back pain, rated 10 out of 10. The pain radiated to the bilateral lower extremities-left greater than right, and was rated 7 out of 10. Physical examination revealed a tender lumbosacral spine, decreased range of motion and increased tone and tenderness to the lumbosacral-sacroiliac area. Undated magnetic resonance imaging showed lumbar 4-5 spondylolisthesis and stenosis and nerve conduction study (NCS)-electromyography (EMG) was negative. Treatment to date has included medication management. The physician is requesting lumbar magnetic resonance imaging and Naprosyn 500 mg #60 with 3 refills. On 8-28-2015, the Utilization Review noncertified a request for lumbar magnetic resonance imaging and modified Naprosyn 500mg #60 with 3 refills to 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic 2007 injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine without any specific changed clinical findings, neurological deficits of red-flag conditions, or progressive deterioration to support this imaging study with previous negative EMG/NCS. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The 1 MRI of the lumbar spine is not medically necessary and appropriate.

Naprosyn 500mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2007 injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Naprosyn 500mg #60 with 3 refills is not medically necessary and appropriate.