

<b>Case Number:</b>	CM15-0174470		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 51 year old male who sustained an injury on 2-15-11. 7-6-15 progress report indicates he sustained injuries to his lumbar spine, left leg and right wrist from his injury. His chief complaint was pain rated at 9 out of 10. He was evaluated in the emergency room 1 week ago for significant pain; beginning to develop headaches and was unable to ambulate. He was treated with an analgesic injection and also recently had a fall due to severe headaches and lost consciousness. Physical examination reveals significant tenderness to palpation over the entirety of the lumbar spinous process as well as moderately tender to palpation over the corresponding paraspinal musculature; decreased sensation over the L4, L5 and S1 dermatomes of the left lower extremity and pain sitting straight leg raise more specifically to the left lower extremity. The report included MRI (6-6-11) L4-5 degenerative ventral disc; partial sacralization of L5 vertebral body; and status post abnormal nerve conduction studies with findings of mild right L5 radiculopathy, per EMG, NCV study on 9-20-11. Treatment plan included a request for an MRI of the lumbar spine to diagnose the change in the IW's condition by the new physical exam findings of decreased sensation over the L4, L5 and S1 dermatomes of the left lower extremity; new prescription for Tramadol 50 mg #60 1 twice a day with one refill.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Updated MRI of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, 13th Edition (Web 2015), Low Back, MRIs.

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

**Decision rationale:** The requested Updated MRI of the Lumbar Spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has significant tenderness to palpation over the entirety of the lumbar spinous process as well as moderately tender to palpation over the corresponding paraspinal musculature; decreased sensation over the L4, L5 and S1 dermatomes of the left lower extremity and pain sitting straight leg raise more specifically to the left lower extremity. The report included MRI (6-6-11) L4-5 degenerative ventral disc; partial sacralization of L5 vertebral body; and status post abnormal nerve conduction studies with findings of mild right L5 radiculopathy, per EMG, NCV study on 9-20-11. The treating physician has not documented evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met Updated MRI of the Lumbar Spine is not medically necessary.

### **Tramadol 50mg #60 One Twice Daily with 1 Refill: 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): Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** The requested Tramadol 50mg #60 One Twice Daily with 1 Refill is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has significant tenderness to palpation over the entirety of the lumbar spinous process as well as moderately tender to palpation over the corresponding paraspinal musculature; decreased sensation over the L4, L5 and S1 dermatomes of the left lower extremity and pain sitting straight leg raise more specifically to the left lower extremity. The report included MRI (6-6-11) L4-5 degenerative ventral disc; partial sacralization of L5 vertebral body; and status post abnormal nerve conduction studies with findings of mild right L5 radiculopathy, per EMG, NCV study on 9-20-11. The treating physician has not documented: failed first-line opiate trials,

VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met Tramadol 50mg #60 One Twice Daily with 1 Refill is not medically necessary.