MAXIMUS Federal Services

Case Number:	CM15-0033547		
Date Assigned:	02/27/2015	Date of Injury:	03/24/2002
Decision Date:	06/16/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 49 year old female, who sustained an industrial injury on March 24, 2002. She has reported a back injury. The diagnoses have included low back pain, lumbar radiculopathy, and lumbar facet arthropathy. Treatment to date has included radiology imaging, and medications. Currently, the Injured Worker complains of continued low back pain status post lumbar fusion, and migraine headaches. She reports a 50% pain reduction with Oxymorphone. She rates her pain as 7-8/10. Physical findings are indicated to be no noted tenderness in the occipital, tenderness in facet joints bilaterally; no tenderness in the trapezius and thoracic region, and tenderness in the lumbar and bilateral sacroiliac joint areas. Her gait is within normal limits. On February 11, 2015, Utilization Review non-certified pelvic computed tomography scan, and lumbar magnetic resonance imaging, and bilateral sacroiliac joint computed tomography scan, and Relapax 40mg #10 with 3 refills; and modified certification of Oxymorphone ER 40mg, #75; and approved Topiramate 50 mg #60 with 3 refills. The MTUS, ACOEM, and ODG guidelines were cited. On February 23, 2015, the injured worker submitted an application for IMR for review of pelvic computed tomography scan, and lumbar magnetic resonance imaging, and bilateral sacroiliac joint computed tomography scan, and Oxymorphone ER 40mg, #90, and Topiramate 50mg #60 with 3 refills, and Relapax 40mg #10 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pelvic CT (computed tomography) scan: 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), Computed tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - CT.

Decision rationale: Not recommended except for indications below. Indications for imaging thoracic spine trauma with equivocal or positive plain films, no neurological deficit or with neurological deficit, lumbar spine trauma with neurological deficit or a seat belt (chance) fracture, myelopathy (neurological deficit related to the spinal cord), traumatic or infectious disease patient, evaluate pars defect not identified on plain x-rays and evaluate successful fusion if plain x-rays do not confirm fusion. Documentation provided note that the CT is requested to assess the SI joints bilaterally for possible arthropathy. This request is redundant given the request for bilateral SI joint CT and is not medically necessary.

Lumbar MRI (magnetic resonance imaging): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: ACOEM addresses initial imaging studies not reimaging after prolonged symptoms. ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The Injured Worker has continued symptoms with complaints low back pain over the surgical site and at the SI joints but no signs of neurologic compromise on exam. Lumbar MRI is not medically necessary and appropriate.

Bilateral SI joint CT (computed tomography) scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - CT.

Decision rationale: Not recommended except for indications below. Indications for imaging thoracic spine trauma with equivocal or positive plain films, no neurological deficit or with neurological deficit, lumbar spine trauma with neurological deficit or a seat belt (chance)

fracture, myelopathy (neurological deficit related to the spinal cord), traumatic or infectious disease patient, evaluate pars defect not identified on plain x-rays and evaluate successful fusion if plain x-rays do not confirm fusion. Documentation provided note that the CT is requested to assess the SI joints bilaterally for possible arthropathy. This is not medically necessary.

Oxymorphone ER 40mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, criteria for use, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 4) On-Going Management Page(s): 78.

Decision rationale: The Injured Worker has been on long term opioids which are not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

Relapax 40mg #10 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodatet.com.

Decision rationale: The California Medical Treatment Utilization Schedule and the Official Disability Guidelines do not provide recommendations on the use of Relapax for the treatment of headaches. UpToDate was consulted for treatment indications, dosing and interactions. Relapax is indicated for treatment of acute migraines. The documentation indicates that the Injured Worker had a diagnosis of migraine headache that is included in her workers comp settlement. This request is medically necessary and appropriate.