

Case Number:	CM15-0062216		
Date Assigned:	04/08/2015	Date of Injury:	07/01/2011
Decision Date:	06/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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 59 year old female, who sustained an industrial injury on July 1, 2011. The injured worker reported low back pain. The injured worker was diagnosed as having lumbalgia, acute musculoskeletal injury and chronic pain. Treatment and diagnostic studies to date have included surgery, medication therapy-ray, CAT scan and magnetic resonance imaging (MRI). A progress note dated February 7, 2015 provides the injured worker complains of low back pain with radiation to legs and rated 7/10. Physical exam notes lumbar tenderness with decreased range of motion (ROM). The neurological examination showed 4/5 strength in the leg flexors and decreased sensation in the right L4-S1 distribution. Her medications included Vicodin 5/325 mg 4 times a day as needed, gabapentin 400 mg by mouth twice a day, Prozac 60 mg by mouth daily, generic Cymbalta, and an inhaler. The plan includes medication, diagnostic studies and therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-Acting Opioids, On-Going Management of Opioid Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation submitted for review does not indicate that the injured worker was having a significant improvement with the use of this medication to support its continuation. Also, no official urine drug screens were provided for review to validate that she has been compliant with her medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Plain films/x-ray of LS spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Flexion/Extension Imaging studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California ACOEM Guidelines indicate that lumbar spine x-rays should not be recommended in this with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. The documentation submitted for review does not indicate that the injured worker has any evidence of serious spinal pathology or red flag conditions that would support the medical necessity of this request. Also, there is a lack of documentation showing that she has tried and failed all recommended forms of conservative therapy to support this request. Without this information, the requested x-rays would not be supported. As such, the request is not medically necessary.

MRI of L/S: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178, 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to the California ACOEM Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment and who would consider surgery an option. The documentation submitted for review does show that the injured worker has decreased strength and sensation in the lower extremity. However, there is a lack of documentation showing that she has tried and failed all recommended forms of conservative care. There is also no indication that she is considering surgery as an option to alleviate her pain.

Without this, the request would not be supported. As such, the request is not medically necessary.

EGFR blood work: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison, Washington Manual of Medical Therapeutics.

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, Laboratory testing.

Decision rationale: The Official Disability Guidelines indicate that laboratory testing should be performed for those who have comorbidities or underlying health risks. The documentation provided does not indicate that the injured worker has any significant underlying health risks or comorbidities that would support the request for EGFR blood work. Without a clear rationale for the medical necessity of this request, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.