

Case Number:	CM15-0063206		
Date Assigned:	04/09/2015	Date of Injury:	01/28/2007
Decision Date:	05/11/2015	UR Denial Date:	03/05/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 56 year old female, who sustained an industrial injury on January 28, 2007. She reported right elbow pain and increased lower back pain with radiation down both of her legs. The injured worker was diagnosed as having lumbar spondylolisthesis, degenerative disc at lumbar 3-4, and lumbar 4-5 and stenosis lumbar 4-sacral 1. Treatment to date has included MRI, x-rays, urine drug screening, chiropractic therapy, acupuncture, physical therapy, lumbar epidural steroid injections, and medications. On February 5, 2015, the injured worker complains of low back and leg pain. The physical exam revealed back spasms and positive straight leg raise for back, buttock, and leg pain. There was decreased sensation lumbar 4-5 and lumbar 5-sacral 1. The requested treatments are discogram of the lumbar spine and pain management for medication consult and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

Decision rationale: This 56 year old female has complained of lower back pain since date of injury 1/28/07. She has been treated with epidural steroid injection, physical therapy, acupuncture and medications to include opioids since at least 09/2014. The current request is for lumbar discogram. Per the MTUS guidelines cited above, discography/discogram should be reserved only for those patients who meet the following criteria (1) Back pain of at least three months duration. (2) Failure of conservative treatment. (3) Satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.) (4) Is a candidate for surgery. (5) Has been briefed on potential risks and benefits from discography. The available medical records fail to include documentation that criteria (3) and (4) above have been met. That is, there is no documentation of a psychological assessment and there is no discussion regarding candidacy for surgery or a planned surgical procedure. On the basis of the above cited MTUS guidelines and the available medical documentation, lumbar discogram is not indicated as medically necessary.

Ultram 50 mg Qty 120 (retrospective - prescribed 1/29/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 56 year old female has complained of lower back pain since date of injury 1/28/07. She has been treated with epidural steroid injection, physical therapy, acupuncture and medications to include opioids since at least 09/2014. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not indicated as medically necessary.

Pain Management -Medication Consult and Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-311.

Decision rationale: This 56 year old female has complained of lower back pain since date of injury 1/28/07. She has been treated with epidural steroid injection, physical therapy, acupuncture and medications. The current request is for Pain Management- Medication consult and treatment. Per the MTUS guidelines cited above, pain management consultation is not indicated at this time. There is no clear documentation regarding provider expectations from a pain management consultation. On the basis of the available medical records and MTUS guidelines cited above, pain management consultation is not indicated as medically necessary.