

Case Number:	CM15-0063943		
Date Assigned:	04/09/2015	Date of Injury:	12/26/1995
Decision Date:	05/15/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/03/2015

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, Hawaii
 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 65 year old male injured worker suffered an industrial injury on 12/26/1995. The diagnoses included low back pain with radiculopathy and neck pain with multilevel disc disease and spinal stenosis. The diagnostics included lumbar spine x-rays. On 3/6/2015 the treating provider reported low back pain, neck pain, and left leg pain. The back pain had been more significant lately and had been functionally limiting. The straight leg raise was positive with tenderness and decreased range of motion. The treatment plan included MRI of the lumbar spine, Norco and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, MRIs.

Decision rationale: The patient presents with pain affecting the low back, neck and left leg. The current request is for MRI of the lumbar spine without contrast. The treating physician report dated 3/6/15 (7B) states, "Await authorization for a new MRI of the lumbar spine, as it has been quite some time since he has had a lumbar MRI, to evaluate the newly worsened symptoms." A letter from the treating physician dated 3/17/15 (9B) states, "However, there was a denial of authorization for the epidural steroid injection citing lack of new evidence including MRI. Therefore, it was reasonable to request an MRI to assess the patient's condition given his lack of evidence to support the request for the epidural steroid injection. As the patient has been having progressively worsening pain symptoms over time despite having been stable for quite some time, it is standard care that the patient should have some treatment intervention to address the obviously and overtly worsening pain. I was initially attempting to simply empirically treat with the epidural steroid injection to see if the patient would improve, but it was indicated that an MRI was needed to re-access the patient's current anatomic condition prior to consideration for the epidural steroid injection. For that reason that I requested the MRI of the lumbar spine. The MTUS guidelines do not address the current request. The ODG has the following regarding MRI of the lumbar spine: Recommended for indications below. MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the patient presents with progressively worsening symptoms and the physician is asking for a repeat MRI in order to properly treat the patient and evaluate his new symptoms. Furthermore, a new MRI is required in order to re-access the patient's current anatomic condition prior to consideration for an epidural steroid injection. The current request satisfies the ODG guidelines as outlined in the Low Back chapter. Recommendation is for authorization. The request is medically necessary.

Norco 7.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back, neck and left leg. The current request is for Norco 7.5/325mg. The treating physician report dated 3/6/15 (7B) states, "He continues to manage the pain partially with the Norco. He denies any significant medication side effects or problems at this time." In this case, the current request does not satisfy the MTUS guidelines as the quantity of Norco to be prescribed to the patient was not specified and an open ended request is not supported. Additionally, there is no documentation of functional improvement with opioid usage as required by the MTUS guidelines for continued usage. Recommendation is for denial and slow weaning per the MTUS guidelines. The request is not medically necessary.

Flexeril 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain affecting the low back, neck and left leg. The current request is Flexeril 5mg. The treating physician report dated 3/6/15 (7B) states, "Continue medications as per current regimen." MTUS guidelines for muscle relaxants state the following: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS guidelines for muscle relaxants for pain page 63 state the following: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided do not indicate how long the patient has been prescribed this medication. In this case, the current request does not satisfy the MTUS guidelines as the quantity of Flexeril to be prescribed to the patient was not specified and an open ended request is not supported as Flexeril is for short term usage only. Recommendation is for denial. The request is not medically necessary.