

Case Number:	CM15-0067029		
Date Assigned:	04/14/2015	Date of Injury:	06/23/2008
Decision Date:	05/13/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37-year-old female, who sustained an industrial injury on 6/23/08. She reported pain in her back, hips and knees. The injured worker was diagnosed as having lumbar degenerative disc disease and post lumbar laminectomy syndrome. Treatment to date has included a lumbar MRI, lumbar fusion, physical therapy and pain medications. She was started on Buspar around 1/2015 and indicated that she feels less depressed and anxious. As of the PR2 dated 2/17/15, the injured worker reports back pain that radiates to the lower extremities. The treating physician noted tenderness to palpation and restricted range of motion in the lumbar spine. The treating physician requested a referral to a psychologist, a lumbar MRI with contrast and Methadone HCl 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral with psychologist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The claimant sustained a work injury in June 2008 and continues to be treated for low back pain including a diagnosis of post-laminectomy syndrome. A postoperative MRI of the lumbar spine in May 2013 had shown expected postoperative findings. When seen, she was having anxiety and increased pain after a cesarean section in January 2015 and was finding it difficult to care for her newborn. She was having ongoing radiating back pain. Pain medications are referenced as decreasing pain from 9/10 to 5/10 with improved ability to perform household activities and with increased positional and lifting capabilities. Medications included methadone at a total (MED (morphine equivalent dose) of 80 mg per day. Psychological evaluations are generally accepted, well-established diagnostic procedures used in pain problems and should determine if further psychosocial interventions are indicated. In this case, the claimant has anxiety and increasing pain after recent childbirth. The requested psychological evaluation is medically necessary.

MRI L-spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in June 2008 and continues to be treated for low back pain including a diagnosis of post-laminectomy syndrome. A postoperative MRI of the lumbar spine in May 2013 had shown expected postoperative findings. Guidelines indicate that a 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, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. Therefore, the requested MRI was not medically necessary.

60 methadone HCL 10mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work injury in June 2008 and continues to be treated for low back pain including a diagnosis of post-laminectomy syndrome. A postoperative MRI of the lumbar spine in May 2013 had shown expected postoperative findings. When seen,

she was having anxiety and increased pain after a cesarean section in January 2015 and was finding it difficult to care for her newborn. She was having ongoing radiating back pain. Pain medications are referenced as decreasing pain from 9/10 to 5/10 with improved ability to perform household activities and with increased positional and lifting capabilities. Medications included methadone at a total (MED (morphine equivalent dose) of 80 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Methadone is a long acting opioid used for the treatment of baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and there is decreased pain with improved functional capacity. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of methadone was medically necessary.