

Case Number:	CM15-0072278		
Date Assigned:	04/22/2015	Date of Injury:	02/23/2010
Decision Date:	05/20/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/15/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of February 23, 2010. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve requests for lumbar MRI imaging and oxycodone. The claims administrator referenced a March 12, 2015 RFA form in its determination, along with a progress note dated March 9, 2015. The applicant's attorney subsequently appealed. On March 9, 2015, the applicant reported ongoing complaints of low back pain. The applicant presented to obtain a replacement knee brace, physical therapy, and a lumbar MRI. The applicant was described as severely obese. The applicant's height, weight, and BMI were not, however, stated. No changes on interval examination of the lumbar spine were reported. The applicant was described as 'permanently disabled.' X-rays of the lumbar spine, MRI imaging of the lumbar spine, and oxycodone were endorsed. No discussion of medication efficacy transpired. A lumbar support was also sought.

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 with/without contrast: Upheld

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

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

Decision rationale: No, the request for MRI imaging of the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention based on the outcome of the same. The March 9, 2015 progress note made no mention of the applicant's willingness to consider a surgical intervention. The requesting provider, moreover, was an internist, not a spine surgeon, significantly reducing the likelihood of the applicant's pursuing a surgical remedy based on the outcome of the lumbar MRI. Therefore, the request was not medically necessary.

Oxycodone 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for oxycodone, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and had been deemed permanently disabled, it was reported on March 9, 2015. On that date, the prescribing provider failed to outline either quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.