

Case Number:	CM15-0099755		
Date Assigned:	06/02/2015	Date of Injury:	05/05/2003
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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 male patient who sustained an industrial injury on 05/05/2003. A recent primary treating office visit dated 04/09/2015 reported chief complaint of lower back pain. The patient has a surgical history to include lumbar spinal decompression. The worker is currently not employed. He has gained weight; he has shortness of breath, swelling of extremities and difficulty breathing lying down. The assessment found the patient with lumbar spondylosis with facet syndrome; lumbar radiculopathy, long-term use of medication. There is mention that the patient has been seeing another provider for pain medication regimen and has been told recently that the provider had discharged him from the practice possibly due to inconsistent urine drug screening and taking medications that were not prescribed for the patient. He currently is taking Methadone 150mg with Oxycodone 30mg up to six times daily. The patient noted requesting form this provider, prescribed medication refills of which the provider did not agree and the patient noted upset regarding this decision. The patient was advised to contact his primary care physician and or prior medical management provider regarding pain medication refills. He was offered a pain management referral and follow up visit. Back on 10/29/2014 the patient had subjective complaint of having low back, bilateral hip, and bilateral shoulder blade pains. He states it has been getting increasingly difficult to walk and can't walk as far as he used to be able to. A magnetic resonance imaging study done on 03/14/2011 showed a large disc protrusion at L4-5 with a prominent mass effect on the exiting nerve root L4 and mild impingement on the exiting left L4 nerve root. There is also prominent bilateral facet joint arthropathy. The patient had a surgical history of arthroscopic back surgery

in 2011, left arthroscopic knee in 1998, and foreign object removal from hand in 2005. He has the following allergies: Compazine, Ultram, Norco, Oxycodone, Paxil, Effexor, and tricyclic antidepressants, Diazepam, Soma and Celexa. The assessment noted the patient with chronic pain syndrome, and long-term current use of medications. He is prescribed Voltaren Gel and continue with Methadone 50mg every 8 hours and Oxycodone 30mg 5 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar 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): 303-304.

Decision rationale: The patient is noted to remain not working for this chronic injury of 2003. ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine without any specific changed clinical findings, neurological deficits of red-flag conditions, or progressive deterioration to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar without contrast is not medically necessary and appropriate.