

Case Number:	CM13-0004223		
Date Assigned:	12/04/2013	Date of Injury:	07/22/2010
Decision Date:	01/15/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46-year-old male who reported an injury on 07/22/2010 when he was doing a demolition job and was going up an extension ladder that was against a balcony railing of a house and the bottom of the ladder slid on the concrete and the patient stated he started to fall, but he was able to grab a hold of the balcony attempting to raise his legs to climb onto the balcony, but was unsuccessful and fell from a 1 story home on top of his coworker. The patient is noted to be diagnosed with lumbosacral multi-ligament sprain/strain with MRI dated 01/24/2012 revealing multilevel degenerative disc disease and a 4 mm disc bulge at L4-5 with attendant bilateral lower extremities radiculitis, right side greater than left, left shoulder periscapular sprain/strain with MRI scans dated 11/04/2010 revealing severe acromioclavicular joint hypertrophy with associated capsular distension signal changes and margin spurs, mild superior subluxation of the humeral head, and increased linear signal in the anterior labrum potential representing a tear with an attendant impingement syndrome, cervical multi-ligament sprain/strain with MRI scan dated 11/04/201 revealing multilevel mild disc bulges with associated muscle contracture and headaches, and complaints of sleep difficulty arising secondary from chronic pain and limitation impairment. The patient is noted to have undergone lumbar transforaminal blocks previously. On 05/08/2013, the patient was evaluated by [REDACTED] who reported the patient complained of low back pain and left shoulder pain. He also experienced having neck pain with associated headaches. On physical exam of the lumbar spine, he had decreased lumbar lordotic curve. There was tenderness to palpation with associated hypertonicity and muscle guarding over the lumbosacral junction and paravertebral musculature bilaterally. Tenderness was also present at the sciatic notches bilaterally, right side greater than left. The patient had a positive straight leg ra

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg (quantity/frequency unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient is a 46-year-old male who reported an injury to his low back and left shoulder on 07/20/2010. He is noted to have treated conservatively and is noted to continue to complain of low back pain with pain radiating to his right lower extremity, left shoulder pain, and cervical pain with headaches. He is noted to have been prescribed Vicodin 5/500 mg 1 every 12 hours as needed for pain. Request was submitted for Prilosec on 06/19/2013. California MTUS Guidelines recommend the use of proton pump inhibitors such as Prilosec for patients who have dyspepsia due to ongoing use of non-steroidal anti-inflammatories. There is no documentation the patient is taking a non-steroidal anti-inflammatory and there is no indication the patient has complaints of dyspepsia or GI upset to support the need for Prilosec. As such, the requested Prilosec does not meet guideline recommendations. Based on the above, the requested Prilosec 20 mg is non-certified.

Orthopedic surgery consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACEOM), Occupational Medical Practice Guidelines, Second Edition, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The patient is a 46-year-old male who reported an injury to his left shoulder and low back on 07/22/2010 when a ladder slipped and the patient grabbed a balcony railing to keep from falling, but ultimately he fell. He is noted to have previously undergone an MRI of the left shoulder in 11/2010, which at that time reported severe acromioclavicular joint hypertrophy with associated capsular distension, signal changes, and marginal spurs and mild superior subluxation of the humeral head and increased linear signal in the anterior acromion. He is noted on physical examination to have decreased range of motion of the left shoulder in all planes, a positive impingement test, and cross arm test. He is noted to have subacromial crepitus with passive range of motion. Apprehension test elicited pain. The patient is stated to have previously been referred for a possible left shoulder surgery, but at that time, he was reluctant to follow through. The California MTUS guidelines state referrals may be appropriate if the practitioner is uncomfortable with the line of inquiry or with treating a particular cause of

delayed recovery Given the patient was reluctant previously to have undergone a surgery and the MRI reported to have been performed in 11/2011 is not available for review, the need for an orthopedic evaluation of his left shoulder is not established. Based on the above, the requested orthopedic surgery consult is non-certified.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303-305.

Decision rationale: The patient is a 46-year-old male who reported an injury on 07/22/2010 when he was reported to be on a ladder and the bottom of the ladder slid and he grabbed a balcony railing to keep from falling, but subsequently fell. He is reported to have undergone a previous MRI in 01/2012 that showed a 4 mm disc bulge at L4-5 and is reported to complain of radiation of pain to the bilateral lower extremities. The patient is noted to have been previously treated with transforaminal epidural steroid injections and physical therapy. California MTUS Guidelines recommend an MRI when there are unequivocal objective findings that identify specific nerve compromise on neurological examination; however, as the patient is noted to have undergone a previous MRI and there is no indication of a change in the patient's symptoms since the previous MRI is performed, and no indications that any invasive or surgical procedures are planned, the need for repeat MRI is not established. Based on the above, the requested MRI of the lumbar spine is non-certified.

Electromyography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303-305.

Decision rationale: The patient is a 46-year-old male who reported an injury on 07/22/2010 when he was reported to be on a ladder and the bottom of the ladder slipped and the patient grabbed the balcony rail in an attempt to not fall, but he was unsuccessful and he fell. He is noted to have reports of low back pain with radiation of pain to the bilateral lower extremities and he is noted to have a positive straight leg raise with sensation to pinprick and light touch decreased to the bilateral lower extremities in the S1 dermatome. The California MTUS guidelines recommend electrodiagnostic testing when findings on neurological examination are not clear. However, there is no indication as to why an electromyogram is requested given the positive findings of neurological deficits on physical examination. As such, the need for an electrodiagnostic study is not established.

Nerve Conduction Study (NCS) bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303-305.

Decision rationale: The patient is a 46-year-old male who reported an injury on 07/22/2010 when he was reported to be on a ladder and the bottom of the ladder slipped and the patient grabbed the balcony rail in an attempt to not fall, but he was unsuccessful and he fell. He is noted to have reports of low back pain with radiation of pain to the bilateral lower extremities and he is noted to have a positive straight leg raise with sensation to pinprick and light touch decreased to the bilateral lower extremities in the S1 dermatome. The California MTUS guidelines recommend electrodiagnostic testing when findings on neurological examination are not clear. However, there is no indication as to why a nerve conduction study is requested given the positive findings of neurological deficits on physical examination. As such, the need for a nerve conduction study is not established.