

Case Number:	CM13-0015255		
Date Assigned:	10/07/2013	Date of Injury:	05/26/2003
Decision Date:	01/17/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/22/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in California. 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 54-year-old female with a reported date of injury on 05/26/2003. The patient presented with low back pain, significant radiculopathy down the leg, weakness in the tibialis anterior and extensor hallucis longus, difficulty with ambulation, antalgic gait, positive Trendelenburg sign on the right side, forward flexion in the lumbar spine at approximately 20 degrees, side bending to the right at 5 degrees, side bending to the left at 15 degrees, and nerve root irritation along the L5 dermatome on the right side in particular. The patient had diagnoses including status post slip and fall, left knee injury with damage to the meniscus with surgical intervention in 2003, lumbar sprain/strain, chronic, with radicular components, and right lower extremity radiculopathy with dysesthesia. The physician's treatment plan included a request for 1 Month Rental of Vascutherm with cold/heat therapy and compression, 1 gastroenterologist consultation, 1 prescription of GABA 200mg #60, and 1 surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month Rental of Vascutherm with cold/heat therapy and compression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 161 and 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back & Shoulder, Cold/heat packs & Continuous-flow cryotherapy

Decision rationale: The MTUS Chronic Pain Guidelines do not address heat/cold therapy. ACOEM Guidelines recommend at-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. The Official Disability Guidelines note cold and heat packs are recommended as an option for acute pain. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain according to the Official Disability Guidelines. Within the provided documentation, it was noted the cold therapy unit was requested for the patient's back as she had some good success with cold therapy. The Guidelines recommend the use of continuous flow cryotherapy status post surgical intervention. The Guidelines do not recommend the use of continuous flow cryotherapy for acute injuries. The Guidelines note at home local applications of cold in the first few days of acute complaint is recommended; thereafter, applications of heat or cold would be appropriate. It was unclear within the provided documentation why the application of standard heat and cold packs would be insufficient for the patient. Therefore, the request for 1 Month Rental of Vascutherm with cold/heat therapy and compression is not medically necessary and appropriate.

1 Gastroenterologist consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and mana.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Office Visits.

Decision rationale: The MTUS Chronic Pain Guidelines and ACOEM Guidelines do not address gastroenterologist consultations. The Official Disability Guidelines note that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The Guidelines indicate that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment. Per the provided documentation, the patient reported her reflux symptoms were slightly improved with the use of omeprazole, and she was taking it a couple of times a day. It was noted the medication was controlling the patient's symptoms, but the provider recommended the patient should probably be seen by a gastroenterologist after a prolonged course of treatment. The patient was noted to be taking anti-inflammatories on a regular basis to help control her symptoms of discomfort. The patient was also avoiding taking NSAIDs as they caused repetitive upset stomachs. Per the provided documentation, it appeared the use of omeprazole was controlling the patient's symptoms of discomfort. Within the provided documentation, it was unclear if the patient had significant symptoms for which a gastroenterologist consultation would be necessary. As such, the request for 1 gastroenterologist consultation is not medically necessary and appropriate.

1 prescription of GABA 200mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic.)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Medical Food.

Decision rationale: The California MTUS guidelines and ACOEM do not address GABA. The Official Disability Guidelines note Gamma-aminobutyric acid (GABA) is indicated for epilepsy, spasticity and tardive dyskinesia. According to the Official Disability Guidelines, there is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia. Within the provided documentation, it was noted the patient was utilizing gabapentin, not GABA; however, the request received is for GABA 200mg #60. Within the provided documentation, the requesting physician did not include adequate documentation of significant insomnia for which the medication would be needed. Additionally, the requesting physician did not include adequate documentation of the efficacy of the medication. Therefore, the request for 1 prescription of GABA 200mg #60 is not medically necessary and appropriate.

1 Surgical Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306..

Decision rationale: The MTUS Chronic Pain Guidelines do not address surgical consultations. ACOEM Guidelines state that "within the first three months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction unresponsive to conservative therapy (and obviously due to a herniated disk) is detected." Referral for surgical consultation is indicated for patients who have "severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; failure of conservative treatment to resolve disabling radicular symptoms." Within the provided documentation, the severity of the patient's radiculopathy was unclear. Additionally, the patient's level of activity limitation due to radiculopathy was unclear within the provided documentation. The medical records provided for review failed to indicate medical necessity for a surgical consultation based on criteria established by the ACOEM Guidelines. Therefore, the request for 1 surgical consultation is not medically necessary and appropriate.