

Case Number:	CM13-0015935		
Date Assigned:	10/11/2013	Date of Injury:	10/28/2009
Decision Date:	03/04/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/23/2013

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 Pain Management, has a subspecialty in Disability Evaluation, 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 claimant is a 47 year old gentleman who suffered an industrial injury on 10/28/2009. He has been under therapy since then. His last follow up was with [REDACTED] on 8/30/2013. It was noted that his pain level at the hip was 2/10 after accupuncture treatment which was 6/10 prior to it. His lumbar pain has also improved with medications which is now 6/10 and remains 8/10 without meds. He sometimes feels that his pain is like electrical sensation strating from his buttock to his lower thigh on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-185,303. Decision based on Non-MTUS Citation Official Disability Guidelines Lumbar and Thoracic (Acute & Chronic) section on MRIs.

Decision rationale: According to the medical records provided for review, the patient has not exhibited any deterioration or any new findings and his comfort level has improved. The ACOEM and Official Disability Guidelines indicate repeat MRIs are not routinely

recommended, and should be reserved for a significant change in symptoms. The request for one MRI of the lumbar spine is not medically necessary and appropriate.

A series of 12 Acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Pain, section on Acupuncture.

Decision rationale: According to medical records reviewed, this patient has had 6 previous sessions of acupuncture in January. Per the Official Disability Guidelines, acupuncture treatments may be extended if functional improvement is documented. There is no clear documentation of clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction in the dependency on continued medical treatment or medications. The MTUS Acupuncture Guidelines allow for an initial trial of 3-4 visits over 2 weeks, and with evidence of reduced pain, medication use and objective functional improvement, a total of up to 8-12 visits over 4-6 weeks. Therefore the request for an additional 12 sessions of acupuncture therapy is not medically necessary and appropriate.

1 prescription of Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS Chronic Pain Guidelines state that Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. Tramadol is indicated for moderate to severe pain. According to the medical records provided for review, the patient has been on Opioids since August 12, 2010, with no documentation of functional improvement. The use of two short acting opioid medications at the same time is not supported by MTUS Chronic Pain Guidelines. The Guidelines stipulate that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life, and none of these were documented in the medical records provided for review. Therefore the continued prescription of Tramadol is not medically necessary and appropriate.

1 prescription of Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines section on Proton Pump Inhibitors.

Decision rationale: Omeprazole is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who are at risk of gastro-intestinal bleeding. This patient is taking NSAIDs with documented GI distress symptom; however there are no supporting documentation or laboratory study results in the medical records provided for review to confirm these issues. The Guidelines recommended that GI prophylaxis is indicated in patients with history of peptic ulcer, GI bleed perforation, patients above 65-years of age, patients prescribed aspirin, steroids, anticoagulants and NSAIDs either single or in multiple doses. Absent any clear clinical indication for GI prophylaxis in the medical records provided for review, the request for Omeprazole 20mg #60 is not medically necessary and appropriate.