MAXIMUS Federal Services

Case Number:	CM13-0021614		
Date Assigned:	11/13/2013	Date of Injury:	04/14/2000
Decision Date:	02/20/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/09/2013

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 and Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in 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 52 year old male who reported a work-related injury on 04/14/2000. The specific mechanism of injury was not stated. The clinical note dated 08/05/2013 reports the patient was seen under the care of [redacted]. The provider documents the patient has not been seen in clinic since 10/2007. The patient presents reporting increase in symptomatology to the lumbar spine to include pain and stiffness. The provider documents the patient has not received any medical care since he was last seen in clinic. Upon physical exam of the patient, moderate tenderness to palpation of the lumbar paravertebral musculature was noted. Motor strength was noted to be 4/5 to 5/5 throughout the bilateral lower extremities. The provider documented range of motion of the lumbar spine was at 35 degrees forward flexion, 0 degrees extension, bilateral lateral bend at 10 degrees. Subsequent to physical exam, the provider documented the patient presents with the following diagnoses: grade 1 retrolisthesis at L5-S1, moderate disc collapse at L4-5, L5-S1 with mild spondylosis, L4-5 herniated nucleus pulposus, and right lower extremity radicular pain and paresthesias. The provider documents the patient continues with lumbar spine complaints which have failed to respond with previous conservative treatment and medication usage. The provider recommended multiple interventions to include repeat imaging of the lumbar spine, Prilosec, topical analgesics, a TENS unit, and a solar care FIR heating system, as well as a lumbar spine back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar Care Infrared Heating Pad(Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The current request is not supported. The Official Disability Guidelines indicate infrared therapy is not recommended over other heat therapies, where deep heating is desirable providers may consider a limited trial of IR therapy for treatment of acute low back pain, but only if used as an adjunct to a program of evidence-based conservative care. Given that the patient has not sought treatment for his lumbar spine pain complaints since 2007, and as Guidelines fail to support this intervention, the request for Solar Care Infrared Heating Pad(Purchase), is neither medically necessary nor appropriate.

Kronos Pneumatic Back Brace (Purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The current request is not supported. The California MTUS/ACOEM indicates lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Given that the patient presents having not sought treatment for his lumbar spine pain complaints since 2007, and as the provider does not document the patient has utilized any recent conservative treatments for his pain, the request for Kronos Pneumatic Back Brace (Purchase), is neither medically necessary nor appropriate.

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.odg-twc.com/odgtwc/low_back.htm#MRIs.

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

Decision rationale: The current request is not supported. The California MTUS/ACOEM indicates when the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Given that the patient has utilized no recent conservative measures for his pain complaints about the lumbar spine or

received medical treatment for the lumbar spine since 2007, the request for Lumbar MRI is neither medically necessary nor appropriate.

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The current request is not supported. The clinical notes failed to evidence the patient presents with any gastrointestinal complaints to support utilization of this proton pump inhibitor as noted per California MTUS criteria. Given the above, the request for Omeprazole is neither medically necessary nor appropriate.