

Case Number:	CM13-0027846		
Date Assigned:	11/22/2013	Date of Injury:	12/05/2001
Decision Date:	04/17/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Medicine, and is licensed to practice in Texas and Ohio. 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/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 63-year-old female who reported an injury on 12/05/2001. The mechanism of injury was not specifically stated. The patient is currently diagnosed with backache, [REDACTED] degeneration of thoracic or lumbar intervertebral disc, and spinal stenosis. The patient was seen by [REDACTED] on 09/04/2013. The patient reported persistent back pain. Current medications included Protonix and tramadol. Physical examination revealed tenderness to palpation of the lumbar spine, decreased range of motion, 5/5 motor strength, negative straight leg raising and intact sensation. Treatment recommendations included continuation of current medications, a lumbar spine x-ray, and a lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: As per the documentation submitted, the patient's physical examination only revealed tenderness to palpation with decreased range of motion. There was no documentation of a significant musculoskeletal or neurological deficit. There is no mention of the patient's exhaustion of conservative treatment. Based on the clinical information received, the request is non-certified.

X-RAY 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 12 Low Back Complaints Page(s): 303-305.

Decision rationale: As per the documentation submitted, the patient has completed a series of lumbar spine x-rays on 09/04/2013. The medical necessity for additional x-rays has not been established. The patient's physical examination only revealed tenderness to palpation with decreased range of motion. There was no documentation of a progression of symptoms or physical examination findings that would indicate serious spinal pathology. There was also no indication of an exhaustion of conservative treatment. Based on the clinical information received, the request is non-certified.

TRAMADOL 50MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of a satisfactory response to treatment. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

PROTONIX 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69.

Decision rationale: Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.