

Case Number:	CM13-0031157		
Date Assigned:	12/04/2013	Date of Injury:	08/02/2013
Decision Date:	05/27/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/02/2013

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 & Rehabilitation 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 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 underlying date of injury in this case is 08/02/2013. The primary diagnosis is lumbosacral radiculopathy. On 09/09/2013, a doctor's first report of injury indicates that the patient had pain in the lumbar spine with decreased range of motion of the lumbar spine on exam with numbness in the bilateral L4 greater than L5 greater than S1 dermatomes and associated pain with spasm, guarding, and tenderness. The patient was diagnosed with a lumbosacral radiculopathy. Treatment recommendations included Anaprox, lumbar traction, and Prilosec. A prior doctor's first report of 08/07/2013 recommended treatment to include x-ray, ice pack, Biofreeze, Norflex, Naprosyn, and a lumbosacral corset.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULT WITH (UNSPECIFIED): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127.

Decision rationale: The ACOEM Guidelines, Chapter 7, page 127, states that the occupational health practitioner may refer to a specialist for a specific clinical question. In this case, the medical records do not clearly outline a clinical question requiring pain management consultation and do not provide an alternate rationale for this request. The request for a pain management consult is therefore not medically necessary and appropriate.

LUMBAR TRACTION UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Procedure Summary- Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The ACOEM Guidelines, state that traction has not been proven effective for lasting relief in low back pain. The medical records do not clearly provide a rationale for the request for lumbar traction. In the absence of a clear rationale for this request and due to the ACOEM Guidelines non-recommendation, the request is not medically necessary and appropriate.

PRILOSEC 20MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, page 68, recommends that the clinician should identify risk factors for gastrointestinal events. The medical records provided for review do not discuss such risk factors nor do they offer another rationale for gastrointestinal prophylaxis. This request is not medically necessary and appropriate.