

Case Number:	CM13-0035115		
Date Assigned:	12/13/2013	Date of Injury:	02/21/2010
Decision Date:	02/04/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/16/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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.

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 70-year-old female with continuing back pain after an injury February 21, 2010. Pain radiated from both legs into her feet. The patient was treated conservatively initially. The patient underwent spinal surgery in October 2012. She had some improvement but was still experiencing radiculopathy. Per [REDACTED] note dated June 12, 2013, MRI scan was repeated and showed good decompression, persistent spondylolisthesis, fixated in place with instrumentation. Electromyography (EMG)/nerve conduction studies showed no acute findings. The patient was still experiencing significant weakness in her left leg. This was improved from preoperative evaluation. Requests for authorization for X-ray of Lumbar spine, Toradol injection 60 mg #1, and Prilosec 20 mg, #20 were received on June 24, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation APF 1 Plus, 2010, Low Back Disorders, Special Studies and Diagnostic and Treatment Considerations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290, 303.

Decision rationale: Lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at

least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Red flags include trauma, history of tumor, signs of infection with spinal process tenderness, progressive numbness/weakness, and bowel or bladder dysfunction. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The patient experienced sharp back pain and was evaluated on June 24, 2013. There were no red flags documented at that time.

Toradol 60 mg injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Comp 2012.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68-69, 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ketorolac.

Decision rationale: Toradol is the non-steroidal anti-inflammatory drug, Ketorolac. This medication is not indicated for minor or chronic painful conditions. Adverse effects for gastrointestinal (GI) toxicity and renal function have been reported. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives

Prilosec 20 mg #60: Upheld

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

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

Decision rationale: Prilosec is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of Acetylsalicylic Acid (ASA), corticosteroids, and/or an anticoagulant, or high dose/multiple non-steroidal anti-inflammatory drugs (NSAID) (e.g., NSAID + low-dose ASA). The patient in this case was not using NSAID medication and did not have any of the risk factors for a gastrointestinal event.

