

Case Number:	CM13-0049106		
Date Assigned:	12/27/2013	Date of Injury:	08/14/2012
Decision Date:	05/22/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/07/2013

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, has a subspecialty in Interventional Spine 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 patient is a 46 year old male with date of injury 8/14/12. The treating physician report dated 10/25/13 indicates that the patient presents for spinal surgery re-evaluation. No subjective complaints are listed. The current diagnoses are lumbar spine L4-S1 DDD, L4-S1 disc herniated discs, lower back pain and bilateral lower extremity radiculopathy, right greater than left. The utilization review report dated 11/6/13 denied the request for MRI lumbar spine, Tramadol 150mg, Prilosec 20mg, Topical cream-Gabapentin-Ketoprofen-Tramadol, TENS unit purchase, physical therapyx18, massage therapy unspecified based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

Decision rationale: The patient presents with chronic lower back pain with lumbar DDD and disc herniations with bilateral radiculopathy based on the treating physician's diagnoses. The

current request is for lumbar MRI. In reviewing the treating physician report dated 10/25/13 there is hand written attachment to the report that states, "MRI lumbar spine." There is documentation that an MRI dated 10/1/12 revealed disc protrusions at L4/5 and L5/S1. The California MTUS guidelines do not address MRIs. The ODG guidelines state: "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The physician report reviewed does not provide any rationale for a repeat MRI and there is no new injury or suspicion of significant pathology reported. Recommendation is for denial.

PRILOSEC 20MG: Upheld

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

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

Decision rationale: The patient presents with chronic lower back pain with lumbar DDD and disc herniations with bilateral radiculopathy based on the treating physician's diagnoses. The current request is for Prilosec 20mg. The California MTUS Guidelines do not support routine prophylactic use of proton pump inhibitors without a proper GI risk assessment or documentation of gastric side effects from the use of NSAIDs. The treating physician added a hand written attachment to the 10/25/13 report that states, "Prilosec 20mg." This prescription is not complete as no quantity is provided. The provider does not document any GI complaints. There is nothing to indicate that the patient is at risk of any GI events or why this medication was recommended. Recommendation is for denial.

TOPICAL CREAM: GABAPENTIN, KETOPROFEN, TRAMADOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with chronic lower back pain with lumbar DDD and disc herniations with bilateral radiculopathy based on the treating physician's diagnoses. The current request is for topical cream: Gabapentin, Ketoprofen, Tramadol. The treating physician attached a hand written note to the 10/25/13 report that states, "Topical Cream: Gabapentin, Ketoprofen, Tramadol." The California MTUS guidelines do not support the usage of topical analgesics that contain Gabapentin, Ketoprofen or Tramadol. The California MTUS states, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The California MTUS also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Recommendation is for denial.

PHYSICAL THERAPY (18 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with chronic lower back pain with lumbar DDD and disc herniations with bilateral radiculopathy based on the treating physician's diagnoses. The current request is for 18 physical therapy sessions. The treating physician states, "At this time, it is very important that the patient has additional physical therapy sessions as this has allowed to improve somewhat, although more improvement will undoubtedly occur should more consistent that additional physical therapy sessions be obtained." The California MTUS guidelines allow 8-10 therapy visits for similar diagnoses of radicular pain. In this case, there is a request for 18 sessions and the provider does not indicate that the patient has had a recent surgery to necessitate this request. The current request for 18 sessions exceeds what California MTUS allows for this type of condition. The request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture. Recommendation is for denial.

MASSAGE THERAPY (UNSPECIFIED AMOUNT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The patient presents with chronic lower back pain with lumbar DDD and disc herniations with bilateral radiculopathy based on the treating physician's diagnoses. The current request is for massage therapy. The treating physician states in his 10/25/13 report, "Additionally, massage sessions are also indicated at this time." There is no quantity specified in this request. The California MTUS states that massage therapy is, "Recommended as an option. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." The treating physician has failed to document the quantity for this recommendation. Recommendation is for denial.