

Case Number:	CM13-0065983		
Date Assigned:	01/03/2014	Date of Injury:	05/18/2013
Decision Date:	05/19/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 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:

This 41 year-old patient sustained a low back injury on 5/18/13 while employed by the [REDACTED]. Requests under consideration include 60 Prilosec 20mg and MRI of The Lumbar Spine. EMG/NCV done on 8/1/13 had impression of peroneal and right tibial neuropathy without electrodiagnostic evidence of nerve impingement/radiculopathy. Per report from the provider's PA-c on 9/9/13, conservative care has included 18 chiropractic sessions and physiotherapy, medications, interferential muscle stimulator and modified activities. Exam showed tenderness and lumbar muscle spasm; otherwise with normal sensory and motor testing in the lower extremity. Report of 11/13/13 from PA-c noted patient with complaints of low back pain radiating into right lower extremity with weakness. Has had 18 chiro care sessions; 16 PT visits; and 6 sessions of acupuncture. Exam showed focal S1 decreased sensation. Diagnoses was L5 radiculopathy with atrophy; lumbar spine strain/sprain rule out HNP; insomnia; gastritis; stress; anxiety; and depression. Requests above for MRI of lumbar spine and Prilosec were noncertified on 12/2/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 PRILOSEC 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,67-68.

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

Decision rationale: This 41 year-old patient sustained a low back injury on 5/18/13 while employed by the [REDACTED]. Requests under consideration include 60 Prilosec 20mg and MRI of The Lumbar Spine. Report of 11/13/13 from PA-c noted patient with complaints of low back pain radiating into right lower extremity with weakness. The patient has had 18 chiro care sessions; 16 PT visits; and 6 sessions of acupuncture. Exam showed focal S1 decreased sensation. Diagnoses was L5 radiculopathy with atrophy; lumbar spine strain/sprain rule out HNP; insomina; gastritis; stress; anxiety; and depression. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The 60 Prilosec 20MG is not medically necessary and appropriate.

MRI OF THE LUMBAR SPINE: Upheld

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

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

Decision rationale: This 41 year-old patient sustained a low back injury on 5/18/13 while employed by the [REDACTED]. Requests under consideration include 60 Prilosec 20mg and MRI of The Lumbar Spine. EMG/NCV done on 8/1/13 had impression of peroneal and right tibial neuropathy without electrodiagnostic evidence of nerve impingement/radiculopathy. Per report from the provider's PA-c on 9/9/13, exam showed tenderness and lumbar muscle spasm; otherwise with normal sensory and motor testing in the lower extremity. Report of 11/13/13 from PA-c noted patient with complaints of low back pain radiating into right lower extremity with weakness. Has had 18 chiro care sessions; 16 PT visits; and 6 sessions of acupuncture. Exam showed focal S1 decreased sensation. Diagnoses was L5 radiculopathy with atrophy; lumbar spine strain/sprain rule out HNP; insomina; gastritis; stress; anxiety; and depression. The employee is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Per ACOEM Treatment states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the

Lumbar spine nor document any specific clinical findings to support this imaging study as the patient has intact motor strength, DTRs, and past sensation throughout bilateral lower extremities. Recent report of S1 decreased has not correlated with any acute flare or new injury to support for previous consistently normal findings on examination and EMG/NCV study without radiculopathy. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar spine is not medically necessary and appropriate