

Case Number:	CM13-0068609		
Date Assigned:	01/03/2014	Date of Injury:	02/12/2011
Decision Date:	06/16/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/19/2013

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 Occupational Medicine, 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 an employee of [REDACTED] and has submitted a claim for low back pain with an industrial injury date of February 12, 2011. Treatment to date has included medications, such as Omeprazole 20mg daily (since October 2012). Medical records from 2013 were reviewed, which showed that the patient complained of low back pain with muscle spasm. There were no bowel or bladder symptoms. On physical examination, there was limited range of motion of her back. Straight leg raising tests were unchanged. There was moderate spasm at the left L3 to sacral level. There was no change in the neurovascular status of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to page 68 of the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are supported in the treatment of patients with GI disorders or a history of GI disorders such as peptic ulcers, GERD, erosive esophagitis, or patients utilizing chronic

NSAID therapy. In this case, the most recent medical records did not report gastric symptoms and there was no documentation of GI disorders. The records also indicate that the patient is taking NSAIDs, but the records did not specify the frequency and duration of NSAID intake. Therefore, the request for OMEPRAZOLE 20MG #60 is not medically necessary.

DISCOGRAM LUMBAR SPINE: Upheld

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

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

Decision rationale: CA MTUS does not specifically address discograms; however, the Official Disability Guidelines state that discography is not recommended. Studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs is of limited diagnostic value. In this case, there was no discussion regarding the indication for a discogram despite not being recommended by the guidelines. Therefore, the request for DISCOGRAM LUMBAR SPINE is not medically necessary.