

Case Number:	CM14-0000852		
Date Assigned:	01/22/2014	Date of Injury:	09/27/2012
Decision Date:	08/12/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/02/2014

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:

An orthopedic report dated 11/26/2013 documented the patient presented with complaints of low back pain rated as 6/10 associated with numbness and tingling sensations over the left leg. On exam, the lumbar spine revealed tenderness and spasm. Range of motion was decreased revealing flexion to 52 degrees; extension to 8 degrees; lateral flexion on the right to 10 degrees; and lateral flexion on the left to 10 degrees. A Valsalva's test, Kemp's test, and straight leg raise test were positive bilaterally. His diagnoses included lumbar disc syndrome, radicular symptoms, lumbar spine sprain/strain or herniated nucleus pulposus, bilateral lower extremities radiculitis. The patient has been recommended to continue engaging in physical therapy for completion, topical analgesics, Flexeril, and discontinue Prilosec. It is noted that the patient should obtain a MRI of the lumbar spine to rule out soft tissue trauma, cartilage damage or tendinous and ligamentous tears. Prior utilization review dated 12/04/2013 states the request for one MRI of the lumbar spine is denied as the request is not medically necessary as the patient's response to conservative treatment have not been established; one prescription of Tramadol 50mg #60 is modified to Tramadol 50 mg #60; one back brace is denied as lumbar support has not been shown to have long term benefits and the patient sustained an injury over a year ago; one prescription of Prilosec 20mg #80 is denied as there is no documented evidence stating the patient has had any gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MRI OF THE LUMBAR SPINE: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, MRIs.

Decision rationale: According to MTUS and ODG guidelines, lumbar MRI may be recommended for uncomplicated low back pain with radiculopathy after one month of failed conservative care if serious pathology is suspected. In this case, the patient's injury is over one-year-old. He has failed conservative care including at least 20 sessions of physical therapy according to notes. He has radicular complaints and a positive straight leg raise test on the left. He has not improved. No prior lumbar MRI appears to have been performed. The medical necessity for lumbar MRI is established.

ONE PRESCRIPTION OF TRAMADOL 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tramadol.

Decision rationale: According to MTUS guidelines, Tramadol may be recommended for short-term relief of chronic low back pain. Long-term efficacy is unclear but appears limited. In this case, Tramadol is prescribed to reduce pain in the low back. However, medical records fail to demonstrate clinically significant functional improvement or reduction in dependency on medical care from use of Tramadol. The medical necessity is not established.

ONE PRESCRIPTION OF PRILOSEC 20MG #80: Upheld

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

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

Decision rationale: According to MTUS guidelines, Prilosec, a PPI, may be recommended for patients taking NSAIDs with gastrointestinal (GI) side effects or moderate to high risk of gastrointestinal side effects. In this case the patient is prescribed Prilosec to protect the stomach from potential side effect of Relafen. A note on 11/19/13 mentions complaints of continuous abdominal pain and burning sensations. However, one week later on 11/26/13, the provider notes that Prilosec will be discontinued though no rationale is provided. Oral NSAIDs also appear to have been discontinued as well. There is no other recent discussion of the patient's GI

complaints, and no diagnosis is provided. There is no discussion of the patient's response to Prilosec. The patient does not appear to be at moderate or high risk of GI side events. The medical necessity is not established.

ONE BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports.

Decision rationale: According to MTUS guidelines, lumbar supports are not recommended beyond the acute injury phase. According to ODG guidelines, lumbar supports are not recommended for prevention of low back pain. They may be recommended for instability or fracture. There is very low-quality evidence suggesting benefit for treatment of non-specific low back pain. In this case, a back brace is requested to prevent aggravation of symptoms. However, lumbar supports are not recommended for this purpose, and the condition is chronic. The medical necessity is not established.