MAXIMUS Federal Services

Case Number:	CM14-0002170		
Date Assigned:	01/24/2014	Date of Injury:	02/15/2012
Decision Date:	07/02/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 61-year-old male who reported an injury on 02/15/2012. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 12/10/2013, the injured worker complained of pain to the lower back. He described the pain as a stinging sensation on the right side of the lower back. He rated the pain 7/10 in severity. The injured worker reported having increasing depression. The current medication regimen prescribed was lisinopril, Prilosec, and Aleve. On the physical exam, the provider noted the injured worker had tenderness of the paravertebral muscles bilaterally. The physician indicated the injured worker's sensory examination was intact, reflexes were normal, and strength was normal. Diagnoses include left L3-4 radiculopathy with hip flexor and tib anterior weakness, status post laminectomies, left L3-4 mild to moderate stenosis moderately severe, left L4 stenosis, status post left L3-5 laminectomy and foraminotomy on 09/11/2013, and depression. The provider requested a psychological evaluation to address issues in causation and possible further treatment and recommendations for an H-wave unit, Prilosec, and a random urine drug screen to verify medication compliance. The request for authorization was provided for the psychological evaluation and H-wave and dated 12/10/2013. However, the request for authorization was not provided for Prilosec and random urine drug screen in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation Page(s): 100-101.

Decision rationale: The request for psychological evaluation is non-certified. The injured worker complained of pain in the lower back. He described the pain as a stinging sensation on the right side of the lower back. He rated his pain 7/10 in severity. The injured worker complained of increasing depression. The California MTUS Guidelines note psychological evaluations are generally accepted, well-established diagnostic procedures not only with the selective use of pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work related. There was a lack of documentation of the extent, duration of the injured worker's issues to support the medical necessity of a psychological evaluation. There was a lack of clinical documentation indicating if the injured worker had undergone the assessments for chronic pain patients. Therefore, the request for a psychological evaluation is not medically necessary.

H-WAVE UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

Decision rationale: The request for an H-wave unit is non-certified. The injured worker complained of pain in the lower back. He described the pain as a stinging sensation on the right side of the lower back. He rated his pain 7/10 in severity. The injured worker complained of increasing depression. The California MTUS Guidelines does not recommend the H-wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation is used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medication, plus transcutaneous electrical nerve stimulation. In recent retrospective studies suggesting the effectiveness of the H-wave device, the patient's selection criteria included a physician documented diagnosis of chronic soft tissue injury or neuropathic pain in the upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications and TENS. The medical documentation does not address any number of muscle weakness to suggest neuropathic pain. There was a lack of documentation indicating the injured worker had tried and failed on conservative therapy. Additionally, the injured worker did not have a diagnosis of chronic soft tissue or neuropathic pain in the upper or lower extremity or the spine. Therefore, the request for an H-wave unit is not medically necessary.

PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS-GIT SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20 mg #60 is non-certified. The injured worker complained of pain in the lower back. He described the pain as a stinging sensation on the right side of the lower back. He rated his pain 7/10 in severity. The California MTUS Guidelines recommend proton pump inhibitors for those at risk for gastrointestinal events including: injured workers over the age of 65, history of peptic ulcer, gastrointestinal bleed, or perforation, concurrent use of aspirin, corticosteroids and anticoagulants. The guidelines note for treatment of dyspepsia secondary to NSAID therapy, stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonist or proton pump inhibitor. There is a lack of clinical documentation noting the injured worker complained of, or was diagnosed with dyspepsia. In addition, there was a lack of documentation indicating the injured worker as on NSAID therapy, warranting the use of proton pump inhibitor. The request submitted failed to provide the frequency of the medication. Therefore, the request for Prilosec 20 mg #60 is not medically necessary.

RANDOM URINE DRUG SCREENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (DIFFERENTIATION; DEPENDENCE&ADDICTION) Page(s): 76,77,78,43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for a random urine drug screening is non-certified. The injured worker complained of pain in the lower back. He described the pain as a stinging sensation on the right side of the lower back. He rated his pain 7/10. The injured worker complained of increasing depression. The California MTUS Guidelines recommend a urine drug testing as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids for ongoing management and as a screening for the risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opiates, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug-taking behaviors. Therefore, the request for a random urine drug screen is not medically necessary.