

Case Number:	CM14-0106799		
Date Assigned:	08/01/2014	Date of Injury:	05/23/2003
Decision Date:	09/17/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/10/2014

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 Nevada. 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 records, presented for review, indicate that this 57-year-old female was reportedly injured on May 23, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 30, 2014, indicated that there were ongoing complaints of low back pain with muscle tension as well as left foot/ankle pain. The physical examination demonstrated a stiff antalgic gait. There was decreased motion of the lumbar spine with muscular guarding and pain. Tenderness was observed over the lumbar paraspinal muscles and the sciatic notch. There was pain with straight leg raise testing and a normal lower extremity neurological examination. The physical examination of the left ankle revealed mild swelling and tenderness at the lateral ligaments. It was recommended that the injured employee continue home exercise and participate in aquatic therapy. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included chiropractic care, home exercise, and physical therapy. A request had been made for an MRI of the lumbar spine, a range of motion test, Prilosec, and 12 visits of acupuncture and was not certified in the pre-authorization process on June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar spine MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM practice guidelines support a MRI of the lumbar spine for patients with subacute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. According to the most recent progress note, dated July 30, 2014, there were no findings of a radiculopathy on physical examination. Considering this, this request for an MRI of the lumbar spine is not medically necessary.

Prospective request for 1 range of motion test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic); Computerized range of motion (ROM), Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Flexibility, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, range of motion testing and flexibility is not recommended as primary criteria. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. Considering this, the request for range of motion testing is not medically necessary.

Prospective request for 1 prescription of Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastro esophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

Prospective request for 12 acupuncture visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, chronic pain, low back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The California MTUS Guidelines support the use of acupuncture as a treatment option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. A review of the attached medical record does not indicate that the injured employee's current pain medications are reduced or not tolerated. Considering this, the request for 12 acupuncture visits is not medically necessary.