

Case Number:	CM14-0015103		
Date Assigned:	02/28/2014	Date of Injury:	08/25/2010
Decision Date:	06/27/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/06/2014

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 Family Medicine and is licensed to practice in Tennessee, California and Virginia. 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 sustained an injury on 08/25/10. No specific mechanism of injury was noted. The injured worker has been followed for complaints of chronic low back pain. The injured worker did attend a recent physical therapy program in 2013 which increased the injured worker's overall complaints of low back pain. As of 10/03/13, the injured worker demonstrated tenderness to palpation in the lumbar paraspinal musculature with paresthesia present in the left lower extremity. The injured worker was removed from physical therapy due to pain. Prescriptions included Gabapentin. Updated MRI studies of the lumbar spine were recommended. The injured worker was seen on 01/06/14 with continuing complaints of moderate to severe low back pain. The injured worker did have a recent epidural steroid injection with a [REDACTED] which was not beneficial. Physical examination continued to note tenderness to palpation in the lumbar spine at the paravertebral musculature. The injured worker was referred back to a spinal surgeon for evaluation. CT scans were recommended for the lumbar spine as well as a urine tox screen. Follow up on 01/09/14 noted no change in the injured worker's complaints. Physical examination continued to note lumbar paraspinal musculature spasms and tenderness to palpation with loss of lumbar range of motion. A lumbar brace was ordered at this visit and the injured worker was recommended to continue with a home exercise program. The requested lumbosacral orthosis brace and Omeprazole 20mg, quantity 30 were both denied by utilization review on undetermined dates.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEW LUMBOSACRAL ORTHOSIS (LSO) BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

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 CHAPTER, LUMBAR SUPPORT

Decision rationale: In regards to the requested lumbosacral orthosis brace, the clinical documentation submitted for review would not have supported a new brace as medically necessary. It is unclear from the clinical reports provided for review what if any benefit was obtained with the previous use of a lumbar brace. Per Official Disability Guidelines (ODG), lumbar bracing has not been shown to prevent or address chronic low back pain. Although there are indications for lumbar bracing such as fractures or evidence of instability in the lumbar spine, this was not identified in the clinical records submitted for review. Given the absence of any trauma, instability, or fractures of the lumbar spine and as the injured worker did not have clear benefits from previous bracing, the request is not medically necessary.

OMPERAZOLE 20 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs, GASTROINTESTINAL SYMPTOMS & CARDIOVASCULAR RISK,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, PROTON PUMP INHIBITORS

Decision rationale: In regards to the use of Omeprazole 20mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor, based on the Official Disability Guidelines (ODG), the request is not medically necessary.