

Case Number:	CM14-0017286		
Date Assigned:	04/14/2014	Date of Injury:	07/05/2006
Decision Date:	05/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/11/2014

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 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 injured worker is a 40-year-old female who reported an injury on 07/05/2006. The mechanism of injury was not stated. The current diagnoses include status post anterior/posterior discectomy with fusion in 2009, cervical spine congenital stenosis with right central cord compression, sternal clavicular joint pain, sleep disturbance, abdominal hernia, and gastrointestinal upset. The injured worker was evaluated on 01/23/2014. The injured worker reported an adverse reaction to prescription medication in the previous month, including black stool, vomiting, and nausea. The injured worker reported persistent neck pain and stiffness with numbness and tingling in the bilateral upper extremities. The physical examination revealed tenderness to palpation, suboccipital musculature and upper trapezius tenderness, positive Spurling's maneuver, positive axial compression testing, and decreased sensation in the right C5-6 and C2-3 dermatomes. The treatment recommendations included a cervical spine surgical consultation, authorization for a complete blood count (CBC) and comprehensive metabolic panel (CMP) to assess kidney and liver function, continuation of current medication, and aquatic therapy twice per week for three (3) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) COMPLETE BLOOD COUNT (CBC): 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 (MAY 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 70.

Decision rationale: The Chronic Pain Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of non-steroidal anti-inflammatory drugs (NSAIDs) and acetaminophen. There has been a recommendation to measure liver transaminases within four to eight (4 to 8) weeks after starting therapy. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker does not exhibit any signs or symptoms suggestive of an abnormality due to medication use. Therefore, the medical necessity for the requested laboratory testing has not been established. As such, the request is non-certified.

ONE (1) COMPREHENSIVE METABOLIC PANEL: 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 (MAY 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 70.

Decision rationale: The Chronic Pain Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of non-steroidal anti-inflammatory drugs (NSAIDs) and acetaminophen. There has been a recommendation to measure liver transaminases within four to eight (4 to 8) weeks after starting therapy. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker does not exhibit any signs or symptoms suggestive of an abnormality due to medication use. Therefore, the medical necessity for the requested laboratory testing has not been established. As such, the request is non-certified.

1 PRESCRIPTION OF PRILOSEC 20MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation UNIVERSITY OF MICHIGAN HEALTH SYSTEM, GASTROESOPHAGEAL REFLUX DISEASE (GERD), ANN ARBOR (MI): UNIVERSITY OF MICHIGAN HEALTH SYSTEM; 2012 MAY. 12 P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The Chronic Pain Guidelines indicate that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with

no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective non-steroidal anti-inflammatory drug (NSAID). There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. As such, the request is non-certified.

SIX (6) SESSIONS OF AQUATIC THERAPY: 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 (MAY 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

Decision rationale: The Chronic Pain Guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land-based physical therapy. There is no indication that this injured worker requires reduced weight-bearing as opposed to land-based physical therapy. Therefore, the medical necessity has not been established. There is also no specific body part listed in the current request. As such, the request is non-certified.