

Case Number:	CM14-0116884		
Date Assigned:	08/06/2014	Date of Injury:	03/01/2004
Decision Date:	09/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/25/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 03/01/2004. The mechanism of injury was not provided. On 08/06/2014, the injured worker presented with bilateral wrist, left elbow, left shoulder, left knee, neck, and mid back pain associated with headaches. Upon examination, there was tenderness along the Tinel's of the wrist on the left side and tenderness along the facets with positive facet loading. There was gross instability along the knee noted on the left and anterior and posterior pain. There was weakness to resisted function. The diagnoses were discogenic cervical condition with facet inflammation, impingement syndrome of the shoulder on the left, mid back sprain, cubital tunnel syndrome on the left, carpal tunnel syndrome bilaterally, internal derangement of the knee on the left, element of depression, sleep, and stress, and weight gain of 60 pounds. Current medications included naproxen, Protonix, and Ultracet. The provider recommended a nerve conduction study of the lower extremity, neck traction with air bladder, and Protonix. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve studies of lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back-Lumbar & Thoracic (Acute & Chronic).

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, NCV.

Decision rationale: The request for Nerve studies of lower extremities is not medically necessary. The Official Disability Guidelines state that an NCV is not recommended. There is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is a lack of documentation indicating positive provocative testing indicating pathology to the lumbar that revealed lack of functional deficits. The clinical note revealed there was instability along the knee and tenderness along the facets with positive facet loading. However, there is no evidence of the results of a straight leg raise, sensation, motor strength, or reflex deficits and there is no indication of failure to respond to conservative treatment to include physical therapy and medication management. Furthermore, the Guidelines do not recommend an NCV for the lower extremity. Therefore, the request for Nerve studies of lower extremities is not medically necessary.

Neck traction w/air bladder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Traction.

Decision rationale: The request for Neck traction w/air bladder is not medically necessary. The Official Disability Guidelines recommend home cervical injured worker controlled traction is preferred due to greater forces for injured workers with radicular symptoms, in conjunction with a home exercise program. There is lack of objective functional deficits related to the injured worker's neck. Additionally, there is lack of information regarding an adjunct of a home exercise program with the use of neck traction. Therefore, the request for Neck traction w/air bladder is not medically necessary.

1 Prescription of Protonix 20mg #60 between 7/2/2014 and 9/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: The request for 1 Prescription of Protonix 20 mg #60 between 7/2/2014 and 9/14/2014 is not medically necessary. According to the California MTUS Guidelines, Protonix may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAIDs medications who are at moderate to high risk for gastrointestinal events.

There is a lack of documentation that the injured worker has a diagnosis congruent with the Guideline recommendation of Protonix. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The provider's request does not indicate the frequency of the medication in the request as submitted. Therefore, the request for 1 Prescription of Protonix 20 mg #60 between 7/2/2014 and 9/14/2014 is not medically necessary.

1 Retrospective request for Protonix 20mg #60 between 7/2/2014 and 7/2/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: The request for one Retrospective request for Protonix 20 mg #60 between 7/2/2014 and 7/2/2014 is not medically necessary. According to the California MTUS Guidelines, Protonix may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAIDs medications that are at moderate to high risk for gastrointestinal events. There is a lack of documentation that the injured worker has a diagnosis congruent with the Guideline recommendation of Protonix. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The provider's request does not indicate the frequency of the medication in the request as submitted. Therefore, the request for one Retrospective request for Protonix 20 mg #60 between 7/2/2014 and 7/2/2014 is not medically necessary.