

Case Number:	CM14-0127768		
Date Assigned:	08/15/2014	Date of Injury:	02/17/2014
Decision Date:	09/22/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, Pain Medicine, 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 45 year old male who reported an injury to his cervical spine. The injured worker had ongoing low back complains. The magnetic resonance image of the lumbar spine dated 06/11/14 revealed broad based disc herniation at L5-S1. A clinical note dated 05/23/14 indicated the injured worker undergoing chiropractic therapy. The injured worker was recommended to continue with chiropractic manipulation to address the neck, upper back, and low back complaints. The injured worker complained of his elbows. The utilization review dated 04/08/14 resulted in denials for extracorporeal shockwave therapy at both elbows, certification for IF4 unit, educational class, lumbar support, and omeprazole. 11041

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Extracorporeal shockwave treatment to bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29 Extracorporeal ShockWave (ESW) - Elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Extracorporeal shockwave therapy (ESWT).

Decision rationale: No high quality studies have been published in peer reviewed literature supporting the safety and efficacy of the use of extracorporeal shockwave treatment at the elbows. Without clear without supporting evidence in place this request is not indicated as medically necessary.

1 IF4 Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); IF - 4 Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: Interferential units are not recommended as an isolated intervention. Currently no high quality studies have been published with clear cut evidence of effectiveness with the exception of treatment in conjunction with recommended therapeutic interventions. No information was submitted regarding ongoing therapeutic treatments or trial of interferential unit. Without this information in place this request is not indicated as medically necessary.

1 Educational class for injury prevention:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, Page 503.

Decision rationale: No information was submitted regarding the objective of the intended educational class. It is unclear as to the reason for injury prevention not being addressed within the clinical setting with the primary physician. Given this, the request is not indicated as medically necessary.

1 lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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 Supprt.

Decision rationale: The injured worker complained of ongoing low back pain. Lumbar supports are indicated following a fusion surgery in the lumbar spine. No information was

submitted regarding recent surgical intervention involving a fusion. Given this, the request is not indicated as medically necessary.

60 Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009) Proton Pump Inhibitors (PPIs) - Omeprazole; NSAIDs, GI 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: Proton pump inhibitors are indicated for injured workers at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request is not medically necessary and appropriate.