

Case Number:	CM14-0154366		
Date Assigned:	09/23/2014	Date of Injury:	06/29/2012
Decision Date:	10/28/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopedic Spine Surgeon 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 58-year-old male who reported an injury on 06/29/2012. The mechanism of injury involved heavy lifting. The current diagnoses include chronic pain, lumbar sprain, radiculopathy, and right hip pain. The injured worker was evaluated on 08/11/2014 with complaints of persistent lower back pain with activity limitation. Previous conservative treatment is noted to include medication management, massage therapy, chiropractic treatment, acupuncture, and lumbar epidural steroid injections. The current medication regimen includes Gabapentin 300 mg, Zegerid 40/1100 mg, and Celebrex 200 mg. The physical examination revealed tenderness to palpation, guarding, a positive straight leg raise test, diminished strength in the lower extremities, and diminished range of motion. Treatment recommendations included an orthopedic consultation, an MRI of the right hip, electrodiagnostic studies of the bilateral lower extremities, a computed tomography discogram, and physical therapy. A Request for Authorization form was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg. #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72..

Decision rationale: The California MTUS Guidelines states Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the above mentioned diagnoses. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Zegerid 40/1100mg #30 with 2 refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. As per the documentation submitted, the injured worker was previously treated with Omeprazole prior to the initiation of Zegerid. The current prescription includes Omeprazole and sodium bicarbonate. The medical necessity for a combination medication containing the same ineffective agent has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

Orthopedic Consultation: 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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92..

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation with guarding and a positive straight leg raise test. There was documentation of a significant musculoskeletal deficit. There is also no evidence of a significant functional limitation. There were no imaging studies or x-rays provided for this review. The medical necessity for a specialty referral has not been established. As such, the request is not medically necessary.

MRI of the Right Hip: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, MRI (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state indications for imaging include osseous, articular, or soft tissue abnormalities; osteonecrosis; occult, acute, and stress fracture; acute and chronic soft tissue injury; or a tumor. The injured worker does not meet any of the above mentioned criteria for an MRI of the right hip. There was also no physical examination of the right hip provided on the requesting date. The medical necessity has not been established. As such, the request is not medically necessary.

Discogram CT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, despite the lack of strong medical evidence supporting discography, it is fairly common, and when considered, should be reserved only for patients with back pain of at least 3 months duration, failure of conservative treatment, satisfactory results from detailed psychosocial assessment, candidates for surgery, and patients who have been briefed on potential risks and benefits from the procedure. While it is noted that the patient has been previously treated with conservative therapy, and is a possible candidate for surgery, there is no documentation of a detailed psychosocial assessment. As such, the injured worker does not meet criteria as outlined by the California MTUS/ACOEM Practice Guidelines. Therefore, the request is not medically necessary.