

Case Number:	CM14-0024401		
Date Assigned:	06/11/2014	Date of Injury:	02/13/2013
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 Surgery and is licensed to practice in Orthopedic Surgery. 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 34-year-old female who was reportedly injured on 2/13/2013. The mechanism of injury was not listed but occurred while transporting handicapped students. The most recent progress note, dated 2/19/2014, indicated there were ongoing complaints of low back and left leg pain. Physical examination demonstrated severe spasm across the lower back, spasm and tenderness across the left L5-S1 distribution, straight leg raise positive on the left, positive Lasegue's sign, decreased sensory to posterolateral left calf. An MRI of the lumbar spine, dated 5/8/2013, showed marked L4-L5 degenerative disc change with disc bulge, annular fissure and suspected impingement upon the left exiting L4 and transitioning L5 nerve roots. Electromyogram (EMG), dated 8/16/2013, demonstrated chronic reinnervation changes in left L5 innervated muscles. Diagnoses: Lumbar discogenic disease, left lumbar radiculopathy. Previous treatments: Physical therapy, Anaprox and Norco. A request was made for Prilosec and a Transcutaneous Electrical Nerve Stimulation, TENS/EMS unit, which was not certified in the pre-authorization process on 2/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) pages 68-69 of 127 Page(s): 68-69 of 127.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastro-esophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the medical record provided of a gastrointestinal (GI) disorder. Additionally, the claimant does not have a significant risk factor for potential GI complications as outlined by the MTUS treatment guidelines. Therefore, the use of this medication is not clinically indicated and is not considered medically necessary.

TENS/ EMS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, (Effective July 18, 2009) transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) transcutaneous electrotherapy Page(s): 114-116 of 127.

Decision rationale: The CA MTUS recommends against using a Transcutaneous Electrical Nerve Stimulation (TENS) unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality, and there is no documentation of a previous one-month trial. As such, the request for purchase of a TENS unit is considered not medically necessary