

Case Number:	CM14-0036847		
Date Assigned:	06/25/2014	Date of Injury:	09/12/2010
Decision Date:	07/25/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, 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 52 year old female who reported an injury to her cervical region. The clinical note dated 02/26/14 indicates the injured worker had been taking a resident on 09/12/10 when she felt a pressure on the neck and low back as well as the right shoulder. A subsequent magnetic resonance image (MRI) revealed a protrusion at C3-4 with mild spondylolysis at the C4 through C7 levels. The back pain was rated worse than the neck pain at that time. Upon exam, the injured worker revealed normal sensation and proprioception in all dermatomes in the cervical and lumbar regions. Weakness was identified in the abductor hallucis longus and foot flexors. The utilization review dated 03/13/14 resulted in a denial for both the cervical magnetic resonance imaging and the use of Omeprazole. There did not appear to be any neurologic deficits as a result of compromise within the cervical region. Therefore, an MRI of the cervical spine was not supported. No information was submitted regarding the injured worker's signs or symptoms of dyspepsia or reflux. Therefore, the use of Omeprazole was not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton pump inhibitors.

Decision rationale: The documentation indicates the injured worker having complaints of neck and low back pain. There is an indication the injured worker is utilizing non-steroidal and opioid therapy to address the ongoing complaints of pain. However, no information was submitted regarding the injured worker's significant complaints of gastrointestinal upset or involvement. Without this information, it is unclear if the injured worker would benefit from the use of Omeprazole. Therefore, the request for Omeprazole is not indicated as medically necessary.

Cervical MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The documentation indicates the injured worker having complaints of cervical and lumbar region pain. A magnetic resonance image (MRI) is indicated for injured workers who have demonstrated neurologic deficits in the upper extremities. No information was submitted regarding the injured worker's strength, reflex, or sensation deficits in the upper extremities. Without this information in place, a cervical MRI is not indicated as medically necessary.