

Case Number:	CM14-0049813		
Date Assigned:	07/07/2014	Date of Injury:	07/26/2013
Decision Date:	08/27/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/17/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 38-year-old male who reported an injury on 07/26/2013. The injury reported was when the injured worker lifted several boxes of tomatoes weighing 26 lbs. The diagnoses included lumbar spine musculoligamentous sprain/strain with occasional bilateral lower extremity radiculitis, bilateral sacroiliac joint sprain/strain. Previous treatments included medication, x-rays, acupuncture. Within the clinical note dated 03/24/2014 it was reported the injured worker complained of continued low back pain with radicular symptoms to ankle, right side greater than left. The injured worker rated his pain 6/10 in severity with medications and 8/10 in severity without medications. The injured worker complained of low back spasms. The injured worker complained of stomach pain and burning with medication use. Upon examination of the lumbar spine the provider noted tenderness to palpation over the paravertebral musculature, sacroiliac joint and the lower facet joints bilaterally with muscle spasms. The provider noted a straight leg raise test elicited pain to the posterior thigh, right side greater than left. The provider noted active range of motion of the lumbar spine was decreased. Sensation was intact with history of pain, numbness and tingling with the right greater than left calf. The injured worker had 5/5 muscle strength in the bilateral lower extremities, deep tendon reflexes were 2+ in the bilateral lower extremities. Provider requested omeprazole for stomach complaints, and an MRI scan of the lumbar spine. Provider noted the injured worker has failed physical therapy, acupuncture, and NSAIDs. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: 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 request for 1 MRI of the lumbar spine is not medically necessary. The injured worker complained of low back pain with radicular symptoms to the ankle, right greater than left. He rated his pain 6/10 in severity with medication and 8/10 in severity without medication. California MTUS Guidelines state, clinical objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear, however further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false by positive finding, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is lack of documentation of significant neurological deficits of the lumbar spine to warrant further evaluation of imaging, such as decreased strength. In addition there is no indication of red flag diagnosis or the intent to undergo surgery requiring an MRI. The rationale for the request was not provided. Medical necessity for imaging was not established. Therefore the request for the MRI of the lumbar spine is not medically necessary.

Unkown prescription of Omperazole: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for an unknown prescription of omeprazole is not medically necessary. Injured worker complained of pain and burning with medication use. The California MTUS Guidelines note proton pump inhibitors such as Omeprazole are recommended for injured workers at risk for gastrointestinal events or cardiovascular disease. Risk factors for gastrointestinal events include: over the age of 65, history of peptic ulcer, GI bleed or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. The documentation submitted did not indicate the injured worker had a history of peptic ulcer, GI bleed or perforation. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally there is a lack of documentation

indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The request submitted failed to provide the frequency and the quantity of the medication. Therefore, the request is not medically necessary.