

Case Number:	CM14-0064488		
Date Assigned:	07/11/2014	Date of Injury:	04/20/2011
Decision Date:	10/27/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/07/2014

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 Neurological Surgery 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 records, presented for review, indicate that this 43-year-old male was reportedly injured on 4/20/2011. The most recent progress note, dated 6/13/2014, indicated that there were ongoing complaints of low back pain that radiated in the left lower extremity. The physical examination demonstrated surgical incision healing well. Bilateral lower extremity muscle strength was 5/5. Sensory examination unremarkable. Diagnostic imaging studies included a CT scan of the lumbar spine, dated 2/14/2014, which revealed multilevel degenerative changes with the lumbar spine. Prior lumbar fusion was at L4-L5. Mild neural foraminal stenosis was at L4-5. Previous treatment included lumbar fusion, medications, and conservative treatment. A request had been made for Protonix 30 mg and hardware injection at L4-L5 and was not certified in the pre-authorization process on 4/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 30mg: Upheld

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

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

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary.

L4-L5 hardware injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 46.

Decision rationale: MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS, there is insufficient clinical evidence presented that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of radiculopathy on physical examination. As such, the requested procedure is deemed not medically necessary.