

Case Number:	CM14-0080294		
Date Assigned:	07/18/2014	Date of Injury:	03/05/2013
Decision Date:	09/15/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/31/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 60-year-old male who reported an injury on 03/05/2013. While on top of a 6 foot high ladder, he had taken a heavy box of shirts down from the overhead shelf, and he was distending off the ladder, but slipped on one of the steps and then slid to the floor with boxes in hand, falling to the floor and landed on his back. The injured worker had a history of lower back pain with numbness to the right foot. No past surgeries are available. No prior diagnostics are available for review. The objective findings dated 06/03/2014 of the lumbosacral spine revealed increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction, and over the L5-S1 facets with muscle spasms noted. The past treatments included epidural steroid injection, 12 sessions of chiropractic therapy with a decrease of 30% pain, 4 weeks of acupuncture, 6 weeks of physical therapy, and hot baths. The MRI dated 10/11/2013 of the lumbar spine revealed mild right L4-5 neuroforaminal narrowing and moderate thickening of the ligamentum flavum at the L4-5 and the L5-S1 without significant canal stenosis. On the 04/24/2014 clinical note, the injured worker was able to squat fully, ambulated normally without a limp. The toe test was within normal limits. The motor testing demonstrated no focal deficits at 5/5. The medications included tramadol 50 mg, Robaxin 500 mg, and Nexium 40 mg. The injured worker rated his a pain a 7/10, with a 1/10 rating to the lower extremities. The treatment plan included the injured worker performing home therapeutic exercises for range of motion and strengthening purposes. The Request for Authorization dated 07/18/2014 was submitted with documentation. The rationale for the acupuncture and the omeprazole was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 visits to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS indicate that "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The clinical notes did not indicate that the medications had failed. The clinical notes were not evident of functional deficits. The injured worker had been advised to perform home exercises for range of motion and strengthening purposes. As such, the request is not medically necessary.

Omeprazole 20mg, count 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The California MTUS Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of nonsteroidal anti-inflammatory drugs, and a history of peptic ulcers. There is also a risk of long-term utilization of the proton pump inhibitors greater than 1 year which has been shown to increase the risk of hip fracture. The documentation was not evident of the length of time the injured worker had been taking the Omeprazole. The documentation was not evident that the injured worker had a history of gastrointestinal bleeding, perforations or a history of ulcers. The frequency was not addressed. As such, the request is not medically necessary.