

Case Number:	CM14-0091377		
Date Assigned:	07/25/2014	Date of Injury:	07/09/2004
Decision Date:	09/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 59 year old female injured on 07/09/04 as a result of both cumulative trauma to her neck, upper/middle/low back, and bilateral leg pain, and as a result of a trip and fall landing on her stomach and elbows. The injured worker was treated conservatively with medication, physical therapy, diagnostic examinations, and psychological evaluation. Magnetic resonance image (MRI) of the lumbar spine in 2008 revealed 4mm posterior disc protrusion associated with right paracentral annular tear at L4-5 with disc degeneration and left facet joint effusion consistent with arthrosis or facet joint strain. MRI of the cervical spine on 04/02/14 revealed 2-3mm posterior disc protrusion/disc extrusion at C2 through C6 with possible cord compromise at C5-6 and nerve root compromise on the right at C5-6. Also noted was facet arthropathy bilaterally at C5-6 with 3mm anterior disc protrusion. MRI of the lumbar spine on 04/09/14 revealed 4-5mm anterior disc protrusion at T12-L1, 2-3mm posterior disc protrusion/disc extrusion at L1-2, 6-7mm anterior disc protrusion at L4-5, and 3-4mm posterior disc protrusion/disc extrusion at L5-S1, annular tear/fissure at L5-S1, and traversing nerve root compromise right L1-2 with bilateral exiting nerve root compromise at L4-5 and L5-S1. The injured worker participated in 25 physical therapy visits between 04/03/14 and 07/03/14. Clinical note dated 04/06/14 indicated the injured worker presented complaining of diffuse symptoms throughout entire spine, transverse low back pain, and global involvement of bilateral lower extremities. The injured worker underwent no specific treatment for pain except use of diclofenac. Physical examination revealed numbness in stocking distribution generally on the dorsal aspect of bilateral hands and feet, negative straight leg raise, full range of motion of the cervical spine, decreased lumbar spine range of motion, trace reflexes at the knees/biceps/triceps. Treatment plan indicated the injured worker did not require prescription medications due to control with over the counter medications. The injured worker had history of anxiety and

stomach disorder as a result of medication management. The request for MRI of the cervical spine and lumbar spine, Prilosec 20mg #90, physical therapy, and tramadol 150mg #30 was non-certified on 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Back Complaints, Clinical Measures, Diagnostic Investigations, Magnetic Resonance Imaging (MRI).

Decision rationale: Documentation indicated the injured worker underwent recent magnetic resonance image (MRI) of the cervical spine on 04/02/14. There was no previous diagnostic examinations were reported. An updated MRI was appropriate; however, additional MRI of the cervical spine cannot be supported as medically necessary as there has been no documentation submitted to establish a significant alteration in injured worker status since April 2014. As such, the request for MRI of the cervical spine cannot be recommended as medically necessary at this time.

MRI of the Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines online version, Low Back Complaints, Magnetic Resonance Imaging (MRI).

Decision rationale: Documentation indicated the injured worker underwent recent magnetic resonance image (MRI) of the lumbar spine on 04/09/14. Previous diagnostic examinations were reported in 2008. An updated MRI was appropriate; however, additional MRI of the lumbar spine cannot be supported as medically necessary as there has been no documentation submitted to establish a significant alteration in injured worker status since April 2014. As such, the request for MRI of the Lumbar spine cannot be recommended as medically necessary at this time.

Prilosec 20 mg # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. The injured worker also complained of stomach discomfort. As such, the request for Prilosec 20 mg # 90 is recommended as medically necessary.

Physical Therapy 3 times a week for 6 weeks for the back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: As noted on page 98 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend 10 visits over 8 weeks for the treatment of lumbar strain/sprain and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. The documentation indicates the injured worker participated in approximately 24 physical therapy sessions between 04/03/14 and 07/03/14. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. Therefore, Physical Therapy 3 times a week for 6 weeks for the back is not medically necessary.

Tramadol 150 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: Treatment plan dated 04/06/14 indicated the injured worker did not require prescription medications due to control with over the counter medications. There was no indication in the documentation the injured worker was in moderate to severe discomfort requiring additional medication management. As such, tramadol 150 mg # 30 is not medically necessary.