

Case Number:	CM14-0091472		
Date Assigned:	07/25/2014	Date of Injury:	02/21/2012
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 58-year-old male who was reportedly injured on February 21, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 14, 2014, indicated that there were ongoing complaints of low back pain. Current medications include ibuprofen, Lidoderm patches and Misoprostal. The pain was rated at 8/10 without medications and 6/10 with medications. The physical examination demonstrated tenderness over the lumbar spine spinous processes and sacroiliac joints and there was decreased lumbar spine range of motion. There was reported increased sensation on the right L3 and L4 dermatomes. Previous treatment included the use of a transcutaneous electrical nerve stimulation unit and home exercise. A request had been made for an magnetic resonance image of the lumbar spine without contrast and Misoprostal and was not certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without dye Qty 1: 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): (electronically sited).

Decision rationale: The American College of Occupational and Environmental Medicine supports the use of magnetic resonance image when there are unequivocal objective findings that identify specific nerve root compromise on examination. According to the medical record, there was no documentation that the injured employee has failed to improve with conservative measures such to include physical therapy and there were no conclusive objective findings of a radiculopathy on physical examination. For these reasons, this request for a magnetic resonance image the lumbar spine without dye is not medically necessary.

Misoprostol 200mg Qty 360: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 22.

Decision rationale: Misoprostol is a medication used to help prevent ulcers. The medical record did not indicate that the injured employee has any cardiovascular risk factors to indicate the usage of this medication. For this reason, this request for Misoprostol does not medically necessary.