

Case Number:	CM14-0195992		
Date Assigned:	12/03/2014	Date of Injury:	01/25/2011
Decision Date:	01/16/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/25/11 when, while working in a cafe, he slipped and fell on a wet, greasy floor. He landed over his buttocks and had low back pain. Treatments then included medications, acupuncture, and chiropractic care. Electrodiagnostic testing in August 2011 showed findings of a left lumbar radiculopathy. He underwent intra-articular lumbar facet injections in December 2011 and October 2014. He has been evaluated for possible surgical management. Multiple MRI scans of the lumbar spine have been obtained with a scan in April 2013 showing disc bulging. He was seen on 10/29/14. He had lumbar pain rated at 8-9/10 radiating into the left leg. He had left lower extremity numbness, tingling, and weakness. Medications were OxyContin 10 mg two times per day, Methoderm, Docuprene, and Senna. He was using a cane. He had left lumbar paraspinal muscle, lumbar facet, and sacroiliac joint tenderness. Patrick testing was positive bilaterally. There was decreased left lower extremity sensation. Imaging results were reviewed. Recommendations included a home exercise program and continued medication management. Authorization for a back support, vitamins, and a spinal cord stimulator was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Centrum vitamins #1 bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://consensus.nih.gov/2006/multivitaminstatement.htm#q3>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p137

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic radiating low back pain. He has findings by testing showing a lumbar radiculopathy. Vitamins have been used to treat essentially all disorders. Evidence is poor that vitamins or minerals have beneficial therapeutic effects in normally or over-nourished Western societies. Vitamins are not recommended for treatment of chronic low back or other chronic pain if documented deficiencies or other nutritional deficit states are absent. In this case, there is no documented deficiency. Therefore, the Centrum vitamins are not medically necessary.

Spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Spinal cord stimulators

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic radiating low back pain. He has findings by testing showing a lumbar radiculopathy. He has not had surgery. Criteria for consideration of a spinal cord stimulator include a history of failed back syndrome or complex regional pain syndrome (CRPS) / reflex sympathetic dystrophy (RSD). In this case, neither of these conditions is present. Therefore, the requested spinal cord stimulator is not medically necessary.

Back support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic radiating low back pain. He has findings by testing showing a lumbar radiculopathy. Vitamins have been used to treat essentially all disorders. Evidence is poor that vitamins or minerals have beneficial therapeutic effects in normally or over-nourished Western societies. Vitamins are not recommended for treatment of chronic low back or other chronic pain

if documented deficiencies or other nutritional deficit states are absent. In this case, there is no documented deficiency. Therefore, the Centrum vitamins are not medically necessary.