

Case Number:	CM14-0199757		
Date Assigned:	12/10/2014	Date of Injury:	07/04/2010
Decision Date:	01/30/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, 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:

This 31 year-old patient sustained an injury on 7/4/10 from transferring a patient while employed by [REDACTED]. Request(s) under consideration include MRI of the cervical spine without contrast and Prilosec 20 mg, sixty count. Diagnoses include Lumbar spinal stenosis/ lumbago/ arthropathy/ disc displacement and disorder with myelopathy s/p left hemilaminectomy, foraminotomy and discectomy at L4-S1 on 3/3/11; and cervical myoligamentous injury. Conservative care has included medications, therapy, cognitive behavioral therapy, LESI at bilateral L5-S1 (10/13/14), trigger point injections with benefit for 1-2 weeks, and modified activities/rest. Report of 10/31/14 from the provider noted the patient with weakness and numbness in the left lower extremity; occasionally gives out. Medications help with ADLs and pain. There is a procedure report for LESI done on 10/13/14 noting excellent benefit of 60-75% pain relief with radicular symptoms, sleeping better with noticeably more active. Medications list Cymbalta, Norco 1-2 BID, and Methadone 10 mg 4x/day. Exam showed unchanged findings of SLR on right with pain radiating down left leg; 4/5 motor strength diffuse on left lower extremity with limited range and decreased sensation along lateral thigh, calf and dorsal foot. Diagnoses included cervical myoligamentous injury noted to result from neck pain post lumbar surgery procedure with treatment plan for MRI of cervical spine. There was no exam documented of the cervical spine or upper extremities. The request(s) for MRI of the cervical spine without contrast and Prilosec 20 mg, sixty count were non-certified on 11/19/14 citing guidelines criteria and lack of medical necessity.

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 without contrast: 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-171, 177-179.

Decision rationale: This 31 year-old patient sustained an injury on 7/4/10 from transferring a patient while employed by [REDACTED]. Request(s) under consideration include MRI of the cervical spine without contrast and Prilosec 20 mg, sixty count. Diagnoses include Lumbar spinal stenosis/ lumbago/ arthropathy/ disc displacement and disorder with myelopathy s/p left hemilaminectomy, foraminotomy and discectomy at L4-S1 on 3/3/11; and cervical myoligamentous injury. Conservative care has included medications, therapy, cognitive behavioral therapy, LESI at bilateral L5-S1 (10/13/14), trigger point injections with benefit for 1-2 weeks, and modified activities/rest. Report of 10/31/14 from the provider noted the patient with weakness and numbness in the left lower extremity; occasionally gives out. Medications help with ADLs and pain. There is a procedure report for LESI done on 10/13/14 noting excellent benefit of 60-75% pain relief with radicular symptoms, sleeping better with noticeably more active. Medications list Cymbalta, Norco 1-2 BID, and Methadone 10 mg 4x/day. Exam showed unchanged findings of SLR on right with pain radiating down left leg; 4/5 motor strength diffuse on left lower extremity with limited range and decreased sensation along lateral thigh, calf and dorsal foot. Diagnoses included cervical myoligamentous injury noted to result from neck pain post lumbar surgery procedure with treatment plan for MRI of cervical spine. There was no exam documented of the cervical spine or upper extremities. The request(s) for MRI of the cervical spine without contrast and Prilosec 20 mg, sixty count were non-certified on 11/19/14. Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including reports from the provider, have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the cervical spine without contrast is not medically necessary and appropriate.

Prilosec 20 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: This 31 year-old patient sustained an injury on 7/4/10 from transferring a patient while employed by [REDACTED]. Request(s) under consideration include MRI of the cervical spine without contrast and Prilosec 20 mg, sixty count. Diagnoses include Lumbar spinal stenosis/ lumbago/ arthropathy/ disc displacement and disorder with myelopathy s/p left hemilaminectomy, foraminotomy and discectomy at L4-S1 on 3/3/11; and cervical myoligamentous injury. Conservative care has included medications, therapy, cognitive behavioral therapy, LESI at bilateral L5-S1 (10/13/14), trigger point injections with benefit for 1-2 weeks, and modified activities/rest. Report of 10/31/14 from the provider noted the patient with weakness and numbness in the left lower extremity; occasionally gives out. Medications help with ADLs and pain. There is a procedure report for LESI done on 10/13/14 noting excellent benefit of 60-75% pain relief with radicular symptoms, sleeping better with noticeably more active. Medications list Cymbalta, Norco 1-2 BID, and Methadone 10 mg 4x/day. Exam showed unchanged findings of SLR on right with pain radiating down left leg; 4/5 motor strength diffuse on left lower extremity with limited range and decreased sensation along lateral thigh, calf and dorsal foot. Diagnoses included cervical myoligamentous injury noted to result from neck pain post lumbar surgery procedure with treatment plan for MRI of cervical spine. There was no exam documented of the cervical spine or upper extremities. The request(s) for MRI of the cervical spine without contrast and Prilosec 20 mg, sixty count were non-certified on 11/19/14. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20 mg, sixty count is not medically necessary and appropriate.