

Case Number:	CM15-0136329		
Date Assigned:	07/24/2015	Date of Injury:	02/14/2008
Decision Date:	08/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 77 year old female who sustained a work related injury February 14, 2008. According to a primary treating physician's progress report, dated June 2, 2015, the injured worker presented with complaints of left shoulder pain, low back pain and leg pain. Medication and topical creams decrease the pain intensity from 6 out of 10 to 2 out of 10. She has been out of medication for over three weeks and the pain intensity has increased to 8 out of 10. Objective findings included; cervical spine range of motion flexion 50 degrees, extension 45 degrees, left and right bending 30 degrees and left and right rotation 60 degrees. Spurling and Foramina compression tests are positive. There is tightness and spasm at the trapezius and sternocleidomastoid and strap muscles, right and left. Lumbar spine range of motion is documented as; flexion 50 degrees, extension 15 degrees, left and right bending 20 degrees. There is a positive straight leg raise at 75 degrees with L5-S1 distribution and spasms and tenderness of the lumbar paraspinal muscles. Diagnoses are cervical spine sprain, strain; left shoulder sprain, strain; compression fracture T12-L1; herniated lumbar disc without radiculopathy; left hip degenerative joint disease. At issue, is the request for authorization for an interferential unit and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit (months) quantity 5.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation Page(s): 118-120.

Decision rationale: MTUS recommends interferential stimulation as an option in specific clinical situations after first-line treatment has failed. Examples of situations where MTUS supports interferential stimulation include where pain is ineffectively controlled due to diminished effectiveness of medication or medication side effects or history of substance abuse. The records do not document such a rationale or alternate rationale as to why interferential stimulation would be indicated rather than first-line treatment. Therefore this request is not medically necessary.

Prilosec 20mg quantity 30.00: Upheld

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

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

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication. Therefore the request is not medically necessary.