MAXIMUS Federal Services

Case Number:	CM15-0137657		
Date Assigned:	07/28/2015	Date of Injury:	12/16/2005
Decision Date:	09/01/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/16/2015

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: Georgia, California, Texas
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 65-year-old male who sustained an industrial injury 12/16/2005. Diagnoses/impressions include multilevel herniated nucleus pulposus of the lumbar spine with moderate to severe stenosis; lumbar radiculopathy; severe degenerative disc disease of the lumbar spine with vacuum disc L3-4 through L5-S1; status post microlumbar decompression; and severe canal stenosis with instability. Treatment to date has included medications, physical therapy, epidural steroid injections, home exercise and acupuncture. The medications reportedly helped his pain 80% to 100% and increased his level of function. According to the progress notes dated 5/21/15, the IW reported intermittent numbness and aching pain in the low back with constant radiating aching pain and numbness down the left lower extremity to the knee. He had new symptoms of intermittent sharp, stabbing pain in the left big toe with prolonged standing and walking. He rated his pain 5-6/10. On examination, there was minimal tenderness to palpation of the lumbar spine with spasms noted. Range of motion was reduced in al planes. The bilateral extensor hallucis longus and inversion were 5-/5 and the straight leg raise was limited to 60 degrees bilaterally. Sensation to the lower extremities was intact. The MRI dated 3/25/13 showed post-operative changes with degenerative disc disease and facet arthropathy and levoscoliosis with retrolisthesis L2-3 through L5-S1 and multilevel canal stenosis and foraminal narrowing. A request was made for Omeprazole 20mg, #60 to prevent medication side effects; physical therapy twice a week for four weeks for acute flare-up of low back pain; and an MRI of the lumbar spine due to the previous MRI being outdated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 52. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG Low Back & Lumbar & Thoracic (Acute & Chronic, updated 07/17/15), MRIs (magnetic resonance imaging).

Decision rationale: The most recent documented lumbar MRI was in 2013. Office notes document history of lumbar surgery and recent worsening of low back pain, with new symptoms radiating to the great toe and lower extremity weakness. ACOEM Guidelines recommend MRIs for patients with objective evidence of specific nerve root compromise and failure to improve with conservative treatment. Because MTUS is silent concerning criteria for repeat MRIs, ODG was also consulted. ODG recommends lumbar MRIs for patients with uncomplicated low back pain, and prior lumbar surgery. Concerning repeat MRI, ODG states: "Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)" Due to the injured worker's history of back surgery, his new findings with associated neurological deficit, and age of previous study, the requested repeat lumbar MRI is reasonable and medically necessary.

Physical therapy 2 times a week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Chapter, Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: MTUS recommends up to 10 PT visits for treatment of myalgia/myositis or neuralgia/neuritis/radiculitis. Per office notes, the injured worker responded well to previous physical therapy. Based upon the documented recent flare of symptoms and physical exam findings, the requested 8 additional PT visits are consistent with MTUS recommendations. The request is medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69 of 127.

Decision rationale: MTUS recommends proton pump inhibitors (PPIs) as gastroprotective agents for patients receiving oral NSAIDs who report dyspepsia or have risk factors for gastrointestinal adverse events. Due to the injured worker's age of 65, he is considered by MTUS to be at increased risk for GI adverse events with oral NSAID use. Based upon documented ongoing use of oral NSAID and elevated risk for GI adverse events, the requested omeprazole is consistent with MTUS recommendations. The request is medically necessary.