

Case Number:	CM15-0187401		
Date Assigned:	09/30/2015	Date of Injury:	06/02/2012
Decision Date:	11/30/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/23/2015

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: Ohio

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 48 year old female who sustained a work-related injury status-post fall on 6-2-12. Medical record documentation on 7-13-15 revealed the injured worker complained of a restricted range of motion of the cervical spine with pain across the trapezial region. She denied any gastrointestinal disorders. She had restricted range of motion of the cervical spine and a 50% loss of range of motion of the lumbar spine. She had moderate to severe pain across the lower back. Medical record documentation on 8-17-15 revealed the injured worker was being treated for cervical spine sprain-strain, right upper extremity radiculopathy with grade I anterolisthesis, and lumbar spine sprain-strain with bilateral lower extremities radiculopathy with multilevel disc protrusion. She complained of pain in the cervical spine rated 6 on a 10-point scale with right upper extremity radicular pain. She reported lumbar spine pain rated 6 on a 10-point scale with right lower extremity numbness and pain. Medications were helpful. Her medications included ibuprofen 600 mg and Prilosec 20 mg since at least 7-2015. The evaluating physician noted that her LSO brace was worn out. An MRI of the lumbar spine on 12-20-13 revealed multi-level disc herniation. A request for LSO brace, Ibuprofen 600 mg #60 with one refill, Prilosec 20 mg #30 with one refill, MRI of the lumbar spine and MRI of the cervical spine was received on 8-25-15. On 8-28-15, the Utilization Review physician determined LSO brace, Ibuprofen 600 mg #60 with one refill, Prilosec 20 mg #30 with one refill, MRI of the lumbar spine and MRI of the cervical spine were not medically necessary based on California Medical Treatment Utilization Schedule, American College of Occupation and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that lumbar spine imaging should not be recommended in patients with low back pain in the absence of red flag signs for serious spinal pathology, even if the pain has persisted for six weeks. However, it may be appropriate when the physician believes it would assist in patient management. Objective findings that identify nerve compression on the exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. In this case, the injured worker has been evaluated by an orthopedic surgeon and was being evaluated for surgical intervention. Findings on exam included a positive straight leg raise and decreased sensation in a L5 distribution which suggest possible nerve compression. Based on the injured worker's clinical presentation and the guidelines the request for MRI Lumbar Spine is medically necessary and appropriate.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the MTUS guidelines, imaging studies for the cervical spine can be considered when red flag signs are present, when there is evidence of tissue insult or neurological dysfunction, failure to progress with a strengthening program or when clarifying the anatomy prior to an invasive procedure. The physical examination documents restricted range of motion of the cervical spine with radiating pain to the trapezius region. No weakness, no sensory loss and no red flag signs are documented. In this case there are no unequivocal exam findings that identify nerve compromise. Based on the injured worker's clinical presentation and the guidelines, the request for MRI of the cervical spine is not medically necessary at this time.

Ibuprofen 600mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are noted

to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAID use for low back pain, NSAIDs should be used for short term use only. In this case there is no significant documentation of functional improvement with the use of ibuprofen. In addition, it is causing GI side effects in the injured worker. In this case, the continuation of ibuprofen is not medically necessary and not supported by the guidelines.

Prilosec 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The request for continued Prilosec is to treat gastrointestinal symptoms caused by the use of ibuprofen. The request for ibuprofen was denied and therefore this would be considered an associated service, and is not medically necessary.

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per the MTUS guidelines, lumbar supports have not been found to be effective beyond the acute phase of treatment. The MTUS does not support use in chronic conditions. In this case, the requested lumbar brace is being used to treat a chronic low back condition and is not medically necessary or supported by the guidelines.