

Case Number:	CM15-0191587		
Date Assigned:	10/05/2015	Date of Injury:	07/28/2007
Decision Date:	12/07/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/29/2015

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: California

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 is a 51-year-old male, with a reported date of injury of 07-28-2007. The diagnoses include cervical spine musculoligamentous sprain and strain, post-concussion syndrome, right shoulder tendinitis and impingement, lumbar spine musculoligamentous sprain and strain with bilateral lower extremity radiculitis, and left forearm contusion with history of fracture. Treatments and evaluation to date have included Gabapentin, Protonix, Ambien, Motrin, Omeprazole (since at least 12-2010), and lumbar spine surgery on 11-07-2014. The diagnostic studies to date have included an MRI of the lumbar spine on 03-28-2015 which showed post-surgical changes at L4-5, midline disc protrusion at L4-5, right foraminal disc protrusion with mild abutment of the exiting right L4 nerve root, multilevel facet arthropathy, and midline disc protrusion with minimal abutment of the exiting right L4 nerve root at L3-4. The progress report dated 08-17-2015 indicates that the injured worker stated that the specialist wanted to perform another lumbar spine surgery. The injured worker also stated that his back pain was worse. He also complained of bilateral lower extremity pain. The injured worker rated his pain 5-6 out of 10. The objective findings include a midline scar on the lumbar spine; tenderness to palpation with slight spasm over the posterior paravertebral musculature; positive straight leg raise test showing radicular symptoms to the bilateral lower extremities and into the bilateral buttocks; increased axial pain with extension; and limited range of motion. The injured worker's work status was noted as temporarily totally disabled for 4-6 weeks. The treatment plan included surgical consultation, internal medicine consultation, the start of Prilosec for heartburn and gastroesophageal reflux disease, and a lumbar spine support. The request for authorization

was dated 08-17-2015. The treating physician requested a surgical consultation, internal medicine consultation, Prilosec 20mg #30, and one lumbar spine support. On 09-09-2015, Utilization Review (UR) non-certified the request for a surgical consultation, internal medicine consultation, Prilosec 20mg #30, and one lumbar spine support.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 surgical consultation: Overturned

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

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

Decision rationale: According to the ACOEM Guidelines, referral for surgical consultation is indicated for patients who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, Failure of conservative treatment to resolve disabling radicular symptoms. In addition, the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record has clear clinical, imaging, of a lesion at L4-5 that may benefit in both the short and long term from surgical repair. I am reversing the previous utilization review decision. One surgical consultation for the lumbar spine is medically necessary.

1 internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. Am J Gastroenterol. 2013 Mar; 108(3): 308-28.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: According to the MTUS, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined elsewhere in Cornerstones of Disability Prevention and Management , with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. ACOEM Guidelines referral criteria stipulate that a referral request should specify the concerns

to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. One internal medicine consultation is not medically necessary.

Prilosec 20mg #30: 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, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20mg #30 is not medically necessary.

1 lumbar spine support: Upheld

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

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

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. 1 lumbar spine support is not medically necessary.