

Case Number:	CM15-0027398		
Date Assigned:	02/19/2015	Date of Injury:	02/19/2013
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/13/2015

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: 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 33 year old male who sustained an industrial 30 foot fall from a ladder on February 19, 2013. The injured worker was diagnosed with lumbar disc displacement and status posterior fracture tibia/fibula shaft with compartment syndrome and removal of screws. In the medical reviews it is noted that the patient had left leg surgery prior to the work related injury (2012) however there is no clarification of this. According to the primary treating physician's progress report on January 9, 2015 the injured worker continues to experience low back pain with radiation to the left lower extremity with numbness and pain in the mid thoracic spine. A physician report dated Aug 14, 2014 reported anterior/posterior views of the thoracic spine demonstrated normal overall alignment with a very slight possible flattening of what is likely T9 with well visualized pedicles. The report also states a possible minimal compression fracture of T9 sustained a year and half ago. On examination the injured worker has tenderness in the upper and mid thoracic region in the midline without evidence of spasm. Current medications consist of Norco, Gabapentin, Relafen, and Pantoprazole. There are no current treatment modalities documented. The treating physician requested authorization for Pantoprazole-Protonix 30mg #60 and a Magnetic Resonance Imaging (MRI) of the thoracic spine. On January 23, 2015 the Utilization Review denied certification for Pantoprazole-Protonix 30mg #60 and a Magnetic Resonance Imaging (MRI) of the thoracic spine. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 30mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non steroid anti-inflammatory drugs (NSAIDS), GI Symptoms & Cardiovascular risk.

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

Decision rationale: This patient presents with low back pain with radiation to the left lower extremity and mid-thoracic spine pain. The patient also complains of left leg pain with numbness in the left lower extremity. The current request is for Pantoprazole-Protonix 300 mg #60. The MTUS Guidelines pages 68 and 69, states that PPI is recommended with precaution for patients at risk for gastrointestinal events: 1. Ages greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticoid and/or anticoagulant. 4. High dose/multiple NSAID. The patient's medication regimen includes Vicodin and Tylenol. The utilization review denied the request stating that "there was no indication he was at risk for gastrointestinal events or that there was current gastrointestinal complaint." According to progress report dated 01/09/2014, the patient "needs Protonix to protect the stomach, as he has a history of upper gastrointestinal irritation with NSAIDs." In this case, the patient has been utilizing NSAIDs on a long-term basis and the treating physician states that the patient has history of GI issues. The requested Protonix is medically necessary.

MRI of the thoracic spine: Overturned

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): 177-178. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, MRI.

Decision rationale: This patient presents with low back pain with radiation to the left lower extremity. The patient also complains of mid-thoracic pain and left leg pain with numbness in the left lower extremity. The current request is for MRI of the thoracic spine. ACOEM Guidelines page 177 and 178 has the following criteria for ordering images, "Emergence of red flags, physiologic evidence of tissue insult, or neurological dysfunction, failing to progress strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure." The ODG Guidelines under the low back and thoracic chapter has the following regarding MRIs, "Recommended for indications below. MRIs are test of choice for patients with prior back surgery, but not for uncomplicated low back pain with radiculopathy, not recommended until at least one month of conservative care, sooner if there is severe or progressive neurological deficit." This patient is status post fall from a ladder on 02/19/2013.

The treating physician states that "it is quite possible that he has a compression fracture in his thoracic spine, and cord compression needs to be ruled out." Review of the medical file indicates the patient underwent an x-ray of the thoracic spine which revealed "possible minimal compression fracture of T9 sustained a year and a half ago." In this case, the patient presents with continued back pain with documented neurological deficits. It appears the patient has had an x-ray, but there is no indication of prior MRI of the thoracic spine. Given the patient's continued complaints, an MRI of the thoracic spine to evaluate for possible fracture is within ACOEM and ODG Guidelines. The requested MRI of the thoracic spine is medically necessary.