MAXIMUS Federal Services

Case Number:	CM15-0031090		
Date Assigned:	02/24/2015	Date of Injury:	02/23/2012
Decision Date:	04/21/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/19/2015

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: Pediatrics, Neurological Surgery

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 54-year-old female who reported an injury on 02/23/2012. The mechanism of injury was not specifically stated. The current diagnoses include L5-S1 degenerative disc disease, L4-5 stenosis, grade 1 spondylolisthesis, and L4-5 facet arthropathy. The injured worker presented on 12/19/2014 for a follow-up evaluation. The injured worker reported persistent low back pain with numbness in the left lower extremity. The current medication regimen includes Fexmid 7.5 mg, Protonix 20 mg, Ultram 50 mg, Anaprox 550 mg, Norco 5/325 mg, gabapentin 300 mg, iron, Lexapro 20 mg, lisinopril 20 mg, magnesium, and Doculase. Upon examination, there was an antalgic gait, decreased sensation over the left L4 and L5 distributions, 4/5 motor weakness bilaterally, and positive straight leg raise in the L4 and S1 dermatome. Recommendations at that time included an L4-5 right laminotomy with subtotal facetectomy, TLIF and PSIF with cage and instrumentation. A Request for Authorization form was then submitted on 12/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit, unspecified if purchase or rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 01/14/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck & Upper Back Chapter, Continuous flow cryotherapy.

Decision rationale: The Official Disability Guidelines state continuous flow cryotherapy is not recommended for the spine. It is recommended as an option after shoulder surgery for up to 7 days. In this case, the injured worker has not been issued authorization for a shoulder surgery. The injured worker was pending authorization for a lumbar spine surgery, for which a continuous flow cryotherapy unit would not be supported. The current request as submitted also failed to indicate a specific frequency or duration of treatment. A rental would be preferred over a unit purchase. Given the above, the request is not medically appropriate.

Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 12/31/14) Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitors, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the request cannot be determined as medically appropriate in this case. Additionally, the request as submitted failed to indicate a frequency. As such, the request is not medically necessary.