

Case Number:	CM15-0032840		
Date Assigned:	02/26/2015	Date of Injury:	11/12/2014
Decision Date:	04/13/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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: California, Washington

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:

The injured worker is a 37-year-old male who reported an injury on 11/12/2014 due to an unspecified mechanism of injury. On 01/23/2015, he presented for a follow-up evaluation regarding his work related injury. He reported upper and mid back pain, as well as left shoulder pain with radiation into both arms. He stated that the pain was associated with numbness and weakness into both arms, and was rated at a 9/10, with an 8/10 at its best, and a 10/10 at its worst. Physical examination showed the lumbar spine had range of motion of 50 degrees with forward flexion and 20 degrees of extension. There was tenderness to palpation over the bilateral paraspinal muscles and no spinous process tenderness or masses palpable along the lumbar spine. There was a negative facet loading maneuver and positive straight leg raise on the right. There was also a negative stork test. Sensation was noted to be intact in the upper and lower extremities, and motor strength was a 4/5 upon shoulder flexion and abduction. He was diagnosed with lumbago and left shoulder impingement. The treatment plan was for an MRI of the lumbar spine to evaluate his symptoms.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 303-304 and 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The California ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment. The documentation provided does not indicate that the injured worker has any neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution that would support the request for an MRI of the lumbar spine. Also, there is a lack of documentation showing that the injured worker has tried and failed all recommended conservative therapy to address his lumbar spine symptoms. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI Risks Page(s): 67-69.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short-term treatment of dyspepsia secondary to NSAID therapy and for those who are at high risk for gastrointestinal events due to NSAID therapy. The documentation provided states that the injured worker was taking Prilosec to decrease the risk of gastrointestinal irritation as prophylaxis against peptic ulcer disease. However, there is a lack of documentation showing that he was at high risk for gastrointestinal events due to NSAID therapy or that he had reported any GI upset due to NSAID therapy. Without this information, the request would not be supported. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.