MAXIMUS Federal Services

Case Number:	CM15-0038559		
Date Assigned:	03/09/2015	Date of Injury:	02/05/2014
Decision Date:	04/17/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/02/2015

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 utilization review performed on 2/24/15. The injured worker is a 44-year-old female, who sustained an industrial injury on 2/5/14. The injured worker has complaints of low back pain with radiation into the upper and lower extremities with numbness and tingling. She also complains of continued/persisted right shoulder pain. Examination noted straight leg raising test was positive eliciting radicular symptoms to the left foot (l5/S1) and range of motion of the lumbar spine was decreased with pain and spasm. The diagnoses have included cervical spine/strain and spondylosis with bilateral arm radiculitis; Electromyogram/NVC studies of the bilateral upper extremities dated May 1, 2014 are within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the lumbar spine with Gadolinium: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, MRI.

Decision rationale: This patient has a date of injury of 02/05/14 and presents with right wrist/thumb pain and low back pain, that radiates into the left lower extremity. The Request for Authorization is dated 02/03/15. The current request is for one MRI of the lumbar spine with gadolinium. ACOEM Guidelines, page 303, states, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging on patients who do not respond well to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, ODG Guidelines provides a thorough discussion. ODG, under its low back chapter, recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if there is severe or progressive neurological deficit. This patient is status post L5-S1 laminectomy performed in 2007. Current examination revealed tenderness to palpation over the bilateral paravertebral musculature, positive SLR with numbness and tingling along the L5 and S1 dermatomal distribution. MRI of the lumbar spine from 09/18/14 showed L3-4 diffuse disc protrusion with effacement of the thecal sac, L4-5 focal left paracentral disc extrusion with annular tear indenting the thecal sac, L5-S1 diffusion disc protrusion without effacement of the thecal sac and hypertrophy causing bilateral neuroforaminal narrowing that effaces the left and right L5 exiting nerve root. On 02/03/15, a request for MRI of the lumbar spine was made. Although the treating physician has stated that the patient continues with low back pain with radicular symptoms, there is no indication of new injury, significant change in examination findings, no bowel/bladder symptoms and no new location of symptoms that would require additional investigation. The requested repeat MRI of lumbar spine is not medically necessary.

One right shoulder subacromial injection under ultrasound guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter for steroid injection/criteria.

Decision rationale: This patient has a date of injury of 02/05/14 and presents with right wrist/thumb pain and low back pain, that radiates into the left lower extremity. The Request for Authorization is dated 02/03/15. The current request is for one right shoulder subacromial injection under ultra guidance. ACOEM Guidelines page 207 chapter 9 for shoulder initial care states; "If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative therapy." The ODG Guidelines shoulder chapter for steroid injection/criteria states these are for Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder. There is no indication that the patient has trialed a shoulder injection in the past. This patient presents with pain in the bilateral shoulder with limited range of motion, tenderness over the subacromial region, and positive impingement sign. The

ACOEM and ODG Guidelines support shoulder injections. The current request for shoulder injection is medically necessary.

Ultram 50 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78.

Decision rationale: This patient has a date of injury of 02/05/14 and presents with right wrist/thumb pain and low back pain, that radiates into the left lower extremity. The Request for Authorization is dated 02/03/15. The current request is for Ultram 50mg 120 count. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. This appears to be an initial request, as none of the reports discuss this mediation. The medical file indicated that the patient has been utilizing Norco since at least 4/4/14 with documented decrease in pain and increase in ADLs. It is unclear why Ultram is being requested at this time, as the patient is already taking a stronger opiate with efficacy. There is no discussion if Ultram would replace Norco or if they are being prescribed concurrently. In any case, recommendation for initiating a new opioid cannot be supported, as there are no functional assessments to necessitate a start of a new opioid. MTUS states, "Functional assessments should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities". This request is not medically necessary.

Prilosec 20 mg, thirty count: Upheld

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

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

Decision rationale: This patient has a date of injury of 02/05/14 and presents with right wrist/thumb pain and low back pain, that radiates into the left lower extremity. The Request for Authorization is dated 02/03/15. The current request is for Prilosec 20mg thirty count. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients for gastrointestinal events including: ages greater than 65, history of peptic ulcer disease and GI bleeding or perforation, concurrent use of ASA or corticoid and/or anticoagulant, high dose/multiple NSAID. In this case, the patient has been utilizing NSAID on a long term basis; however, the treating physician has not provided any discussion regarding GI issue such as gastritis, ulcers, or reflux that require the use of this medication. Routine prophylactic use of PPI

without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. This request is not medically necessary.