

<b>Case Number:</b>	CM15-0061145		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	10/15/1990
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Emergency 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 was a 58 year old female, who sustained an industrial injury, October 15, 1990. The injured worker previously received the following treatments home care services, Fentanyl Patches, Cymbalta, Cannabis, Oxycodone, Toradol Injections, Provigil, Valium, Risperdal, Zolpidem, random toxicology laboratory studies, Nexium, physical therapy, acupuncture, manipulation, surgeries and hospitalizations. The injured worker was diagnosed with chronic pain, failed back surgery and right lumbar radiculopathy. According to progress note of March 17, 2015, the injured workers chief complaint was generalized pain, right groin pain and bilateral lower extremities. The ankles were purple. The injured worker rated the pain at 8 of 10; 0 being no pain and 10 being the worse pain. The pain was described as sharp. The physical exam noted burning in the periumbilical abdominal pain. The pain started at the coccyx to the T-spine, radiating into the back of the legs. The treatment plan included lumbar spine CT scan and a prescription for Nexium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested CT scan of the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has generalized pain, right groin pain and bilateral lower extremities. The ankles were purple. The injured worker rated the pain at 8 of 10; 0 being no pain and 10 being the worse pain. The pain was described as sharp. The physical exam noted burning in the periumbilical abdominal pain. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, CT scan of the lumbar spine is not medically necessary.

**Nexium 40 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-pain chapter.

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

**Decision rationale:** The requested CT scan of the lumbar spine, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 (e.g., NSAID + low-dose ASA) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has generalized pain, right groin pain and bilateral lower extremities. The ankles were purple. The injured worker rated the pain at 8 of 10; 0 being no pain and 10 being the worse pain. The pain was described as sharp. The physical exam noted burning in the periumbilical abdominal pain. The treating physician has not documented objective evidence of derived functional benefit from its use. The criteria noted above not having been met, CT scan of the lumbar spine is not medically necessary.

