

Case Number:	CM15-0080895		
Date Assigned:	05/01/2015	Date of Injury:	04/24/1992
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York, West Virginia, Pennsylvania
 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 is a 73 year old female, who sustained an industrial injury on April 24, 1992. The injured worker reported back pain due to bending. The injured worker was diagnosed as having lumbago and post laminectomy syndrome. Treatment and diagnostic studies to date have included surgery, CAT scan, transdermal and oral medication. A progress note dated February 10, 2015 provides the injured worker complains of back pain. It is noted that post laminectomy surgery on January 30, 2015 she had bowel complications, was treated in the emergency department, and is doing better. She reports the pain is primarily at her incision and across the back rated 6/10. Physical exam notes cervical and lumbar tenderness and decreased lumbar range of motion (ROM). The plan includes continued oral and transdermal medication. There is a request for Forteo injection daily #84.

IMR ISSUES, DECISIONS AND RATIONALES

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

Forteo injection 20mcg, 1 prefilled injection daily, #84: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin Med J. 2013 Jul;126(13):2517-22.

Decision rationale: There are no evidence-based studies showing efficacy or prevention of loosening or other complications with the Coflex devise by use of Forteo injection. In this case, the patient suffers from osteoporosis. The request for Forteo is not medically appropriate and necessary.