

Case Number:	CM15-0084338		
Date Assigned:	05/06/2015	Date of Injury:	03/14/2003
Decision Date:	06/05/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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 injured worker is a 51 year old male, who sustained an industrial injury on 3/14/03. The injured worker has complaints of low back pain; temporomandibular Joint symptoms; bruxism and dyspepsia. The diagnoses have included post laminotomy pain syndrome; chronic pain syndrome; left knee internal derangement and history of narcotic dependency. Treatment to date has included physical therapy; acupuncture; spinal lumbar fusion on 8/25/04; carbon dioxide (CO2) laser treatment for revision of abdominal incision and peripheral field electrical neurostimulation. The documentation noted that the injured worker remains off of narcotics. The documentation noted that the injured worker developed an abdominal wound where the lumbar surgery was performed and underwent an abdominal flap in 2008 and in 2010 the wound re-opened and had abdominal wound surgery in July of 2013 for debridement and repair of the abdominal wound with skin graft creating a flap. The request was for durable medical equipment (DME) palliative lumbar brace support and Helicobacter Pylori Breath Test.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: palliative lumbar brace support: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of this chronic injury. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The DME: palliative lumbar brace support is not medically necessary and appropriate.

H. Pylori Breath Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per Western Journal of Emergency Medicine via Medscape.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, H. Pylori, pages 777-778.

Decision rationale: Per Guidelines, while routine screening for H. Pylori is not indicated in patients who are about to start NSAIDs, eradication of H pylori prior to initiation of therapy has been suggested to reduce subsequent risk of GI ulceration. Guidelines consensus indicate pre-screening for H. Pylori prior to starting NSAID treatment for those with GI risk factors for ulceration namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Eradication of H. pylori alone is not sufficient to prevent ulcer bleeding in NSAID users with high gastrointestinal risk. Additionally, it has remained controversial and there are no clear-cut guidelines for the treatment of H. Pylori after initiation of NSAID treatment. At this time, there is currently no evidence to support the routine use of a proton-pump inhibitor in a patient without the above GI risk factors for ulceration who has had a history of eradicated H. Pylori. Submitted reports have not described or provided any clinical findings or GI diagnosis that meets the criteria to indicate medical diagnostic testing. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this testing. The H. Pylori Breath Test is not medically necessary and appropriate.