

Case Number:	CM15-0084998		
Date Assigned:	05/07/2015	Date of Injury:	04/21/1998
Decision Date:	06/10/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/04/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 70 year old female sustained an industrial injury to the back on 4/21/98. Recent treatment included epidural steroid injections, injections and medications. In a progress note dated 4/1/15, the injured worker complained of pain to the low back with radiation to bilateral lower extremities associated with burning, cramping, numbness and ting. The injured worker rated her pain 4/10 on the visual analog scale with medications and 10/10 without. The injured worker reported that an epidural steroid injection (11/2014) had improved her pain by at least 50% for at least a month. Current diagnoses included chronic pain syndrome and lumbar post-laminectomy syndrome. The treatment plan included a lumbar epidural steroid injection and continuing medications (Norco, Lyrica, Baclofen and Cymbalta). In a follow up evaluation dated 4/1/15, the physician noted that the injured worker had developed substantial osteoporosis due to the fact that she was unable to get out and walk much, with difficulty bearing weight and exercising due to back, leg and knee, pain. The physician recommended Forteo injections for osteoporosis and an adjustable mattress for her bed to help the injured worker get comfortable at night and get in and out of bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Forteo 20mcg injections, once a day prefilled for 28 days with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Spine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 70 year old female has complained of low back pain since date of injury 4/21/98. She has been treated with physical therapy, surgery, epidural steroid injections and medications. The current request is for Forteo, 20 mcg injections. Forteo is a medication used to treat osteoporosis in patients at high risk for fracture. There is inadequate objective documentation in the medical records supporting the diagnosis of osteoporosis. On the basis of the available medical records and per the guidelines cited above, Forteo 20 mcg injections are not indicated as medically necessary.

Adjustable Mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Spine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: This 70 year old female has complained of low back pain since date of injury 4/21/98. She has been treated with physical therapy, surgery, epidural steroid injections and medications. The current request is for an adjustable mattress. Per the ODG guidelines cited above, there is no quality evidence that supports the purchase and use of any bedding or mattress for the treatment of low back pain. On the basis of the available medical documentation and above cited guidelines, an adjustable mattress is not indicated as medically necessary.