

Case Number:	CM14-0104909		
Date Assigned:	07/30/2014	Date of Injury:	03/28/2011
Decision Date:	09/25/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old female with a 3/28/11 date of injury, from a trip and fall, injuring her right shoulder; lower back, right knee/ankle; and right elbow/wrist/hand. 12/2/13 Progress note described right shoulder/arm pain; right and/wrist pain; low back pain; and left knee/leg pain. Current medications listed included Percocet, Lyrica, Prilosec, and Motrin. Imaging for the lumbar spine, shoulder, wrist/hand, knee, foot/ankle, and pelvis/hip/femur were reviewed. 6/14/14 Progress note described continued pain that creates profound limitations. In the right hand/wrist there was pain with weakness, numbness, tingling, dropping things unexpectedly, and swelling. In the low back there was moderate pain with significant limitations. In the bilateral knees there was pain with limited range of motion. Treatment to date has included physical therapy (PT), activity modification, lumbar epidural Steroid injection (ESI), cervical stellate ganglion blocks, SAD with distal claviclectomy and labral repair on the right, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec DR 20mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec DR - NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: A request for Prilosec DR 20 mg #180 was modified to #30. The current request is for 1 month of Prilosec. CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient has utilized NSAIDs for some time, and Prilosec as a gastroprotective agent is medically reasonable.

Bone scan - Three phase lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines: Integrated Treatment/Disability Duration Guidelines - Ankle & Foot (Acute & Chronic)(updated 08/19/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) foot and ankle chapter; Recommended as indicated below. Bone scanning is generally accepted, well established and widely used. Bone scanning is more sensitive but less specific than MRI. (Colorado, 2001) (ACR-foot, 2002) Indications for imaging -- Bone Scan.

Decision rationale: This request obtained an adverse determination as ODG recommends bone scans for bone infection, cancer, or arthritis, however there was no documentation regarding necessity for the requested imaging. Within the context of this appeal, additional information regarding necessity for a bone scan has not been provided. The 6/24/14 RFA requested a bone scan, three phase of the lower extremities for a diagnosis of lumbar HNP without myelopathy; derangement of the knee; and SS of the foot. There has been multiple imaging performed for the low back, knee/leg and foot/ankle. Utility of additional imaging has not been discussed. Therefore, the request for bone scan - Three phase lower extremities is not medically necessary and appropriate.