

Case Number:	CM14-0086897		
Date Assigned:	07/23/2014	Date of Injury:	04/26/2014
Decision Date:	09/26/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/10/2014

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 Internal 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 injured worker is a 39 year old female injured on 04/26/14 when she bumped her mid back against a tower of zucchini resulting in tenderness, limited range of motion, and stiffness. The injured worker was initially diagnosed with thoracic spine and lumbar spine strain/sprain. The injured worker reported immediate back pain with increasing pain over several days initially treated with medication, physical therapy, back brace, injection, and work restrictions. The injured worker returned to work and sought emergency medical care where she was examined, x-rays were obtained, and medications were prescribed. The specific information regarding the emergency department evaluation was not provided for review. Diagnoses included thoracic spine sprain and strain rule out herniated thoracic discs, lumbar spine sprain and strain, and clinical bilateral lower extremities radiculopathy. Clinical note dated 05/13/14 indicated the injured worker presented complaining of constant mid and low back pain radiating into bilateral lower extremities. Physical examination revealed tenderness to palpation over para axial musculature of the lumbosacral spine with spasticity, referred pain to both buttocks and lower extremities, range of motion was limited, straight leg raise was positive bilaterally, Lasegue negative, sciatic notch pressure painful on the left, motor strength 5/5 bilaterally to lower extremities, deep tendon reflexes symmetric and equal bilaterally, sensation over L4, L5, and S1 nerve roots on the left decreased, and vascular examination within normal limits to bilateral lower extremities. There were no medications listed at present. X-ray of thoracic spine on 04/29/14 revealed no significant bony, articular, soft tissue abnormalities, normal disc spaces, and vertebral bodies/other visualized osseous structures were radiographically normal. Treatment recommendations included physical therapy, MRI scans of lumbar spine and thoracic spine, and prescriptions for Ultram, Flexeril, and Prilosec. The initial requests were non-certified on 06/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back: MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back, page(s) Magnetic Resonance Imaging (MRI).

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, MRI is not recommended in cases of uncomplicated low back pain, with radiculopathy, until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. The documentation fails to establish the extent of the conservative treatment utilized to date and any functional benefit obtained as a result. As such, the request for MRI, Thoracic Spine is not medically necessary.

MRI, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back: MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines online version, Low Back Complaints, Magnetic Resonance Imaging (MRI).

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, MRI is not recommended in cases of uncomplicated low back pain, with radiculopathy, until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. The documentation fails to establish the extent of the conservative treatment utilized to date and any functional benefit obtained as a result. As such, the request for MRI, Lumbar Spine is not medically necessary.

Physical Therapy, Twelve (12) sessions, Two (2) times a week for six (6) weeks - Unspecified body part: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, PHYSICAL MEDICINE Page(s): 98.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, current guidelines recommend 10 visits over 8 weeks for the treatment of lumbar strain/sprain and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. In this case, the documentation indicates the injured worker previously attended physical therapy; however, the specific number of sessions attended and any functional benefit obtained as a result was not addressed. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. As such, the request for physical therapy, twelve (12) sessions, twice a week for six weeks - unspecified body part is not medically necessary and appropriate.

Ultram - unspecified quantity and dosage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 77.

Decision rationale: As noted on page 98 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend 10 visits over 8 weeks for the treatment of lumbar strain/sprain and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. The documentation indicates the injured worker previously attended physical therapy; however, the specific number of sessions attended and any functional benefit obtained as a result was not addressed. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. Therefore, the request for Ultram - unspecified quantity and dosage is not medically necessary and appropriate.

Prilosec - unspecified quantity and dosage: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Further,

the dose, frequency, amount, and number of refills was not provided. As such, the request for Prilosec - unspecified quantity and dosage cannot be established as medically necessary.