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| Case Number: | CM14-0195257 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 04/11/2013 |
| Decision Date: | 01/29/2015 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 11/21/2014 |

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 (IW) is a 34-year-old woman with a date of injury of April 11, 2013. She sustained an injury as a result of holding a student's hand. The little girl had a tantrum and was pulling her arm. She felt a sudden pop in her lumbar spine, followed by pain. The IW has been diagnosed with Lumbosacral musculoligamentous strain and sprain of the lumbar spine. Documentation indicated that the IW received at least 8 sessions of physical therapy (PT), and reported no functional improvement. Pursuant to the Doctor's First Report of Occupational Injury or Illness dated October 13, 2014, the IW complains of pain rated 7-8/10 on a subjective pain scale. Objective physical findings revealed the following: Range of motion: Flexion 40/60 degrees, extension 15/25 degrees, right lateral flexion 15/25 degrees, left lateral flexion 15/25 degrees. Tenderness to palpation (TTP) at L2-L3, and L5-S1 noted. TTP noted to bilateral SI joints. Current medication, if any, was not documented. There is a note that the IW was pregnant, and subsequently gave birth September of 2013. She continued PT through June of 2014. The primary treating physician is requesting authorization for MRI lumbar spine, x-rays of the lumbar spine, BMP, hepatic function panel, CPK, CRP, arthritis panel, CBC, initial POC-urine drug screen, Ibuprofen 800mg, and Omeprazole 20mg. According to the documentation, the IWW was not taking any narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not met necessary. The Chronic Pain Medical Treatment Guidelines recommend MRI of the lumbar spine. The Official Disability Guidelines allow MRI if there is lumbar spine trauma with neurologic deficit; uncomplicated low back pain, with radiculopathy, after at least one month conservative therapy, sooner if severe progressive neurologic deficit. See guidelines for additional details. In this case, the claimant was seen at the initial visit by the primary care treating physician. The injured worker's diagnosis was lumbosacral spine musculoligamentous strain and strain. The injured worker received physical therapy in the past, however, there is no functional objective improvement documented. Consequently, absent the appropriate clinical indications for magnetic resonance imaging pursuant to the guidelines, MRI of the lumbar spine is not medically necessary.

X-ray of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 Section, Plain Radiographs

Decision rationale: Pursuant to the Official Disability Guidelines, x-ray of the lumbar spine is not medically necessary. The guidelines allow x-rays of the lumbar spine if there is lumbar spine trauma neurologic deficit. In this case, the injured worker has complaints of low back pain. The date of injury is April 11, 2013. Physical examination does not show any neurologic deficit. The injured worker's diagnosis is lumbosacral musculoligamentous strain/sprain. It is unclear from the documentation whether or not the injured worker had prior x-rays of the lumbar spine and there are no additional red flags pending the request at this time. Consequently, absent the appropriate clinical findings, x-ray of the lumbar spine is not medically necessary.

Lab: BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/InVitroDiagnostics/LabTests/default>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Page(s): 5.

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines, BMP (blood test) is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain became. In this case, the injured worker had a diagnosis of lumbosacral musculoligamentous sprain/strain. The blood tests were ordered as part of an initial intake by the treating physician. There were no specific indications for clinical rationale listed in the medical record for the basal metabolic panel. Consequently, the BMP is not medically necessary.

Lab: Hepatic Function Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/InVitroDiagnostics/LabTests/default>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Page(s): 5.

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines, Hepatic Function Panel is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain became. There has been a recommendation to liver transaminases within 4-8 weeks of starting therapy. In this case, the injured worker had a diagnosis of lumbosacral musculoligamentous sprain/strain. The blood tests were ordered as part of an initial intake by the treating physician. There were no specific indications for clinical rationale listed in the medical record for the hepatic function panel. There has been a recommendation to liver transaminases within 4-8 weeks of starting therapy. The injured worker was being started on non-steroidal anti-inflammatory's at the same time that the have hepatic function testing was ordered. Consequently, absent the appropriate clinical indication, hepatic function testing is not medically necessary.

Lab: CPK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/InVitroDiagnostics/LabTests/default>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Page(s): 5.

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines, the CPK blood test is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain became. In this case, the injured worker had a diagnosis of lumbosacral musculoligamentous sprain/strain. The blood tests were ordered as part of an initial intake by the treating physician. There were no specific indications for clinical rationale listed in the medical record for the CPK level. Consequently, the CPK blood test is not medically necessary.

Lab: CRP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/InVitroDiagnostics/LabTests/default>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Page(s): 5.

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines, the CRP blood test is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain became. In this case, the injured worker had a diagnosis of lumbosacral musculoligamentous sprain/strain. The blood tests were ordered as part of an initial intake by the treating physician. There were no specific indications for clinical rationale listed in the medical record for the CRP blood test. Consequently, the CRP is not medically necessary.

Lab: Arthritis Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/InVitroDiagnostics/LabTests/default>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Page(s): 5.

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines, arthritis panel is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain became. In this case, the injured worker had a diagnosis of lumbosacral musculoligamentous sprain/strain. The blood tests were ordered as part of an initial intake by the treating physician. There were no specific indications for clinical rationale listed in the medical record for the arthritis panel. Consequently, absent the appropriate clinical indications, arthritis panel is not medically necessary.

Lab: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/InVitroDiagnostics/LabTests/default>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Page(s): 5.

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines, CBC Panel is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain became. In this case, the injured worker had a diagnosis of lumbosacral musculoligamentous sprain/strain. The blood tests were ordered as part of an initial intake by the treating physician. There were no specific indications for clinical rationale listed in the medical record for the CBC (complete blood count). Consequently, after the appropriate clinical indication for CBC is not medically necessary.

POC - Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Screen

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug screen is not medically necessary. Urine drug testing is recommended to assess the presence of illegal drugs. It is recommended to monitor compliance with prescribed substances, identify use of undisclosed

substances and uncover diversity of prescribed substances. See guidelines for additional details. In this case, the claimant's date of injury dates back to 2013. The injured worker is not taking any opiates or narcotics at this point in time. The injured worker recently gave birth September 21, 2013. There is no discussion of the medical record as to whether the worker is at low risk, intermediate or high risk for drug misuse or abuse. Consequently, absent the appropriate clinical indications and/or political rationale for urine drug testing, urine drug testing is not medically necessary.

Ibuprofen 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ibuprofen 800 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured worker's date of injury is April 11, 2013. A review of the medical record shows the injured worker was treated with Vicodin after an emergency room visit. Additional records should be reviewed to see if the injured worker has been treated with any other non-steroidal anti-inflammatory or Ibuprofen. The review should include documentation of objective functional improvement. The medical records submitted for review contain 107 pages. Consequently, until a thorough review of the entire medical record is conducted for medications used over the prior 18 months, Ibuprofen 800 mg #60 is not medically necessary.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs and GI Effects

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Omeprazole 20 mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking non-steroidal anti-inflammatory drugs who are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65 years; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin, corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drug use. In this case, the injured worker's date of injury is April 11, 2013. A review of the medical record shows the injured worker does not have any comorbid conditions or past medical history putting

her at risk for any gastrointestinal events. Specifically, the injured worker does not have a history of peptic ulcer disease, G.I. bleeding, perforation concurrent use of aspirin, etc. Consequently, after the appropriate clinical indication and/or clinical rationale for omeprazole, Omeprazole 20 mg #30 is not medically necessary.