

Case Number:	CM14-0214145		
Date Assigned:	01/07/2015	Date of Injury:	09/12/2011
Decision Date:	02/24/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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:

The patient is a 53 year old female with date of injury 9/12/11. The mechanism of injury is stated as a heavy object falling on her. The patient has complained of low back pain with radiation of the pain to the bilateral lower extremities since the date of injury. She has been treated with lumbar spine fusion surgery (L4-S1), physical therapy, spinal cord stimulation and medications. MRI of the lumbar spine dated 06/2014 revealed lumbar spine fusion of L4-S1 and mild left neuroforaminal narrowing at L5-S1. Objective: decreased and painful range of motion of the lumbar spine, positive straight leg raise bilaterally. Diagnoses: post laminectomy syndrome, lumbar spine disc disease. Treatment plan and request: Prilosec, Bilateral sacroiliac joint blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 67-68.

Decision rationale: This 53 year old female has complained of low back pain with radiation of the pain to the bilateral lower extremities since date of injury 9/12/11. She has been treated with lumbar spine fusion surgery (L4-S1), physical therapy, spinal cord stimulation and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPIs can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

Bilateral Sacroiliac joint blocks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This 53 year old female has complained of low back pain with radiation of the pain to the bilateral lower extremities since date of injury 9/12/11. She has been treated with lumbar spine fusion surgery (L4-S1), physical therapy, spinal cord stimulation and medications. The current request is for bilateral sacroiliac joint blocks. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections of Lidocaine, steroid or both are of questionable benefit and offer no significant long term functional benefit. On the basis of the MTUS guidelines, the request for bilateral sacroiliac joint blocks is not indicated as medically necessary.