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| <b>Case Number:</b>   | CM15-0016636 |                              |            |
| <b>Date Assigned:</b> | 02/06/2015   | <b>Date of Injury:</b>       | 01/06/2014 |
| <b>Decision Date:</b> | 03/27/2015   | <b>UR Denial Date:</b>       | 12/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/28/2015 |

### 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: California

Certification(s)/Specialty: Internal Medicine

### 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 35 year old male, who sustained an industrial injury on January 6, 2014. He has reported lower back pain and left wrist pain. The diagnoses have included lumbar disc displacement with radiculopathy, lumbar spine sprain/strain, hand sprain/strain, carpal tunnel syndrome, and insomnia due to pain. Treatment to date has included medications and exercises. A progress note dated December 11, 2014 indicates a chief complaint of continued lower back pain and left wrist pain. Physical examination showed lumbar spine tenderness with decreased range of motion, and left wrist and hand tenderness with decreased range of motion. The treating physician requested a magnetic resonance imaging of the lumbar spine and left wrist, and prescriptions for Cyclobenzaprine, Tramadol, and Omeprazole. On December 30, 2014 Utilization Review certified the request for the prescriptions for Cyclobenzaprine and Tramadol. Utilization Review denied the request for the magnetic resonance imaging for the lumbar spine and left wrist and the prescription for Omeprazole citing the MTUS and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records do not document gastrointestinal risk factors. The pain management progress report dated 12-11-2014 did not document NSAID use. No gastrointestinal complaints or conditions are documented. Medical records do not provide support for the use of Omeprazole. The request for Omeprazole is not supported by MTUS guidelines. Therefore, the request for Omeprazole is not medically necessary.

**MRI for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. MRI of the lumbar spine performed on 04-08-2014 demonstrated L5-S1 dehiscence of the nucleus pulposus with a 4 millimeter protrusion of the nucleus pulposus. The pain management progress report dated 12-11-2014 did not document new injury or progressive neurologic deficit. No evidence of cauda equina, tumor, infection, or fracture was documented. No plain film radiograph results were documented. The 12-11-2014 physical examination did not demonstrate evidence of significant acute pathology. The request for a repeat lumbar MRI magnetic resonance imaging is not supported by the medical records or MTUS guidelines. Therefore, the request for repeat lumbar MRI is not medically necessary.

**MRI for the Left Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) MRI (magnetic resonance imaging)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses wrist MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-6 Ability of Various Techniques To Identify and Define Forearm, Wrist, and Hand Pathology (Page 269) indicates that magnetic resonance imaging (MRI) has nil ability to identify and define ligament and tendon strain, tendinitis, and tenosynovitis. Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) indicates that MRI magnetic resonance imaging is not recommended in the absence of ambiguous electrodiagnostic studies. Electrodiagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected carpal tunnel syndrome for the foreseeable future. The pain management progress report dated 12-11-2014 documented left wrist tenderness with weakness and decreased range of motion. Positive Tinel and Phalen signs were noted. Diagnoses were carpal tunnel syndrome, sprain, and strain. No suspicion of fracture or tumor was documented. No plain film x-ray results were documented. The 12/11/14 progress report, MTUS, ACOEM, and ODG guidelines do not support the request for wrist MRI. Therefore, the request for MRI of the left wrist is not medically necessary.