

Case Number:	CM15-0174791		
Date Assigned:	10/08/2015	Date of Injury:	09/25/2014
Decision Date:	11/23/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old female who sustained an industrial injury on 9-25-14. She has been diagnosed of lumbar sprain and strain and thoracic sprain and strain. Medical records (7-8-15 to 7-28-15) indicate she complains of lower back pain that radiates down her right leg. The injured worker was noted to be in a wheelchair due to pain. The physical exam (7-28-15) revealed she was in moderate acute distress. She is noted to be unable to stand without assistance. Moderate to severe pain is noted to palpation of the paralumbar muscles bilaterally. Palpation of the back revealed moderate to severe muscular spasm. Range of motion was moderately restricted due to pain. Right patellar and ankle reflexes diminished, but same reflexes were normal in the left sight. The straight leg test was positive in the supine and sitting positions. X-rays of the thoracic spine and lumbar spine were taken in the office at the time of the visit (7-28-15) and were found to be normal. She was administered Demerol and Phenergan in the office. An authorization request for a wheelchair and for an MRI of the thoracic and lumbar spine was made. The utilization review (8-11-15) indicates denial of Prilosec 20mg #60, x-ray of the lumbar spine, and x-ray of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The injured worker sustained a work related injury on 9-25-14. The medical records provided indicate the diagnosis of lumbar sprain and strain and thoracic sprain and strain. She had Normal X ray of the thorax and Lumbar in 09/2014. Also, she has had at least two MRI of the thorax and Lumbar, including the one that was done in 01/2015. Treatments have included Naproxen, Soma, Prilosec, and Norco. The medical records provided for review do not indicate a medical necessity for Prilosec 20mg #60. Prilosec (Omeprazole) is a proton Pump inhibitor. The MTUS states that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors, determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Although the injured worker is on Naproxen, an NSAID, the medical records do not indicate she belongs to any of the group of patients that need prophylaxis against gastrointestinal events while on NSAIDs. Therefore, the requested treatment is not medically necessary.

1 X-ray of the lumbar spine (5 views): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Radiography.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: Per the Official Disability Guidelines criteria for Plain X-ray of the Thorax and Lumbar; indications for imaging -- Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit, Thoracic spine trauma: with neurological deficit, Lumbar spine trauma (a serious bodily injury): pain, tenderness-Lumbar spine trauma: trauma, neurological deficit-Lumbar spine trauma: seat belt (chance) fracture, Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70, Uncomplicated low back pain, suspicion of cancer, infection-Myelopathy (neurological deficit related to the spinal cord), traumatic-Myelopathy, painful-Myelopathy, sudden onset-Myelopathy, infectious disease patient-Myelopathy, oncology patient, Post-surgery: evaluate status of fusion. The medical records provided for review do not indicate a medical necessity for 1 X-ray of the lumbar spine (5 views). Considering there was no history of recent trauma, and considering that the injured worker has had several imaging studies, including the X-ray of 09/2014, and MRI of 01/2015, a repeat X-ray is not medically necessary. The history does not suggest the injured worker has sustained any injury or pathology involving the bones of the spine since the last visit. Additionally, the case does not meet the Official Disability Guidelines, therefore, X-ray lumbar is not medically necessary.

1 X-ray of the thoracic spine (2 views): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) Radiography.

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 - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: Per the Official Disability Guidelines criteria for Plain X-ray of the Thorax and Lumbar; indications for imaging -- Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit, Thoracic spine trauma: with neurological deficit, Lumbar spine trauma (a serious bodily injury): pain, tenderness-Lumbar spine trauma: trauma, neurological deficit, Lumbar spine trauma: seat belt (chance) fracture, Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70, Uncomplicated low back pain, suspicion of cancer, infection-Myelopathy (neurological deficit related to the spinal cord), traumatic-Myelopathy, painful-Myelopathy, sudden onset-Myelopathy, infectious disease patient-Myelopathy, oncology patient, Post-surgery: evaluate status of fusion. The medical records provided for review do not indicate a medical necessity for 1 X-ray of the thoracic spine (2 views). The MTUS recommends that Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks; however, it may be appropriate when the physician believes it would aid in patient management. Considering there was no history of recent trauma, and considering that the injured worker has had several imaging studies, including the thoracic of 09/2014, and MRI of 01/2015, a repeat X-ray is not medically necessary. The history does not suggest the injured worker has sustained any injury or pathology involving the bones of the spine since the last visit. Additionally, the case does not meet the Official Disability Guidelines, therefore, X-ray thorax is not medically necessary.