

Case Number:	CM15-0064781		
Date Assigned:	04/10/2015	Date of Injury:	12/05/2014
Decision Date:	05/13/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/06/2015

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 50 year old female who sustained an industrial injury on 12/5/14. The injured worker reported symptoms in the neck, left upper extremity, back and bilateral lower extremities. The injured worker was diagnosed as having cervical spine pain, cervical spine sprain/strain, lower back pain, lumbar spine sprain/strain. Treatments to date have included topical medications, transcutaneous electrical nerve stimulation unit, oral pain medication, oral pain medication, and physical therapy. Currently, the injured worker complains of pain in the neck, left upper extremity, back with radiation to the bilateral lower extremities. The plan of care was for diagnostics, medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 12/5/14. The medical records provided indicate the diagnosis of cervical spine pain, cervical spine sprain/strain, lower back pain, lumbar spine sprain/strain. Treatments to date have included topical medications, transcutaneous electrical nerve stimulation unit, oral pain medication, oral pain medication, and physical therapy. The medical records provided for review do not indicate a medical necessity for MRI of the cervical spine. The records indicate the physical examination does not include thorough neurological examination for a neck disorder. The MTUS recommends through physical examination; the MTUS recommends against over reliance on imaging to avoid diagnostic confusion. Therefore, the requested medical treatment is not medically necessary.

Multi stim Unit plus supplies x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121. Decision based on Non-MTUS Citation <http://www.postsurgicalrehab.com/pdf/MSUandMicroZ.pdf> MSU Multi Stem Unit.

Decision rationale: The injured worker sustained a work related injury on 12/5/14. The medical records provided indicate the diagnosis of cervical spine pain, cervical spine sprain/strain, lower back pain, lumbar spine sprain/strain. Treatments to date have included topical medications, transcutaneous electrical nerve stimulation unit, oral pain medication, oral pain medication, and physical therapy. The medical records provided for review do not indicate a medical necessity for Multi stim Unit plus supplies x 3 months. The Multi stim unit is reported to be a device that provides three forms of electrotherapy: TENS, Interferential, and Neuromuscular Stimulation. The MTUS does not recommend use of TENS unit as isolated entity; neither does it recommend the use of interferential unit as an isolated therapy. If the criteria are met, the MTUS recommends one month trial. The MTUS does not recommend the use of Neuromuscular stimulator. Therefore, the requested medical treatment is not medically necessary.

Omeprazole 20mg 1 TAB Qday #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): 68.

Decision rationale: The injured worker sustained a work related injury on 12/5/14. The medical records provided indicate the diagnosis of cervical spine pain, cervical spine sprain/strain, lower back pain, lumbar spine sprain/strain. Treatments to date have included topical medications,

transcutaneous electrical nerve stimulation unit, oral pain medication, oral pain medication, and physical therapy. The medical records provided for review do not indicate a medical necessity for Omeprazole 20mg 1 TAB Q day #30. Omeprazole is a proton pump inhibitor. The MTUS recommends the use of proton pump inhibitors when an individual with a gastrointestinal risk is on treatment with NSAID. This include individuals that are greater than 65 years; history of peptic ulcer, Gastro intestinal I bleeding or perforation; concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin. The medical records do not indicate the injured worker belongs to any of the listed groups. Therefore, the requested medical treatment is not medically necessary.