MAXIMUS Federal Services

Case Number:	CM15-0093554		
Date Assigned:	05/19/2015	Date of Injury:	06/08/2014
Decision Date:	06/25/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/14/2015

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: Family Practice

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 55 year old female, who sustained an industrial injury on June 8, 2014. Treatment to date has included MRI of the lumbar spine, medications, modified work duties, and acupuncture. Currently, the injured worker complains of middle back pain, bilateral low back pain and discomfort and left wrist and hand pain. She reports neck pain and right forearm numbness. The diagnoses associated with the request include radicular low back pain, right lateral epicondylitis and right knee strain. On physical examination, the injured worker had tenderness to palpation of the lumbar spine, right elbow epicondyle, and left wrist. The treatment plan includes medications, platelet rich plasma injection and laboratory evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow platelet rich plasma (PRP) injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: This injured worker receives treatment for chronic pain. This relates back to a work-related injury on 06/08/2014. The patient's medical diagnosis is right sided epicondylitis. This review addresses a request to treat the epicondylitis of the R elbow with a PRP injection. The current ACOEM treatment guidelines consider this type of injection to be experimental and unproven. Properly design clinical studies do not convincingly show sustained improvement beyond that of other more established treatment methods. A PRP wrist injection is not medically necessary.

Pre-op labs: CBC, CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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) Labtestsonline.com.

Decision rationale: This inured worker receives treatment for chronic pain. This relates back to a work-related injury on 06/08/2014. The patient's medical diagnosis is low back pain, wrist pain and a right sided epicondylitis. This review addresses a request for two lab tests, a CBC and a CMP. The CBC test measures the hemoglobin and the total white blood count. The medical documentation does not make clear what the purpose of these tests are. Based on the limited documentation, a CBC and a CMP are not medically necessary.

Prilosec 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: This injured worker receives treatment for chronic pain. This relates back to a work-related injury on 06/08/2014. The patient's medical diagnoses are low back pain, wrist and right sided epicondylitis. This review addresses a request for Prilosec 20mg, a proton pump inhibitor (PPI). The documentation does show that the patient has taken ibuprofen and naproxen at times for pain. These two drugs are NSAIDs. Prilosec is a proton pump inhibitor (PPI), which may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDS. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. Prilosec is not medically necessary.