

Case Number:	CM14-0141644		
Date Assigned:	09/10/2014	Date of Injury:	10/27/2013
Decision Date:	10/23/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old male who reported an injury on 10/27/2013. The mechanism of injury was due to lifting a patient weighing over 180 pounds. The injured worker has diagnoses of L1-2 compression fractures of the low back and grade 1 spondylolisthesis at the L5-S1 level. Past medical treatment consists of physical therapy, chiropractic therapy, the use of a transcutaneous electrical nerve stimulation (TENS) unit, neurostimulator and medication therapy. Medications include omeprazole and etodolac. On 08/05/2014 the injured worker underwent an x-ray of the lumbar spine which revealed degenerative decreased disc height at T12-L1, degenerative right lateral superior endplate osteophyte and wedge decompression deformity at L1. On 08/05/2014 the injured worker complained of low back pain. The progress note did not indicate any physical findings on the injured workers lumbar spine. There was no range of motion, motor strength, or sensory deficits. The treatment plan is for the injured worker to undergo a functional capacity evaluation, continue physical therapy, continue medication therapy, and undergo an x-ray of the lumbar spine. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 initial functional capacity evaluation: 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) Fitness for Duty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The request for 1 initial functional capacity evaluation is not medically necessary. The California MTUS/ACOEM states that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured workers capabilities. The Official Disability Guidelines further state that functional capacity evaluation is recommended and may be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. Functional capacity evaluations are not recommended for routine use. There was lack of objective findings upon physical examination demonstrating significant functional deficit. The documentation also lacked evidence of how a functional evaluation would aid the provider in evolving treatment or goals for the injured worker. There also lacked documentation of other treatments the injured worker underwent previous and the measurement of progress as well as efficacy of prior treatments. Given the above, the injured worker is not within the MTUS/ACOEM and ODG criteria. As such, the request is not medically necessary.

6 physical therapy sessions 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 Chronic Pain Treatment Guidelines Physical Therapy; Physical Medicine Page(s): 98.

Decision rationale: The request for 6 physical therapy sessions for the lumbar spine is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion, and also can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation as submitted did not indicate that the injured workers prior course of physical therapy had helped with any functional deficits. Additionally, there was no indication of the efficacy of the physical therapy. The guidelines recommend up to 10 visits of physical therapy, the amount of physical therapy visits that the injured worker has already completed was not documented in the submitted report. Furthermore, there was no documented evidence that the injured worker was continuing with the home exercise program. Given the above, the injured workers not within the MTUS recommended guidelines. As such, the request for 6 physical therapy sessions for the lumbar spine is not medically necessary.

1 urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates/steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for 1 urine drug testing is not medically necessary. The Medical Treatment Utilization Schedule MTUS Guidelines state using a drug screen to assess for the use or presence of illegal drugs is recommended as an option. Drug screens are 1 of the steps to use to take before a therapeutic trial of opioids and ongoing management of opioids. They are also used to differentiate dependence and addiction. Urine drug tests are recommended as a tool to monitor adherence to the use of control substance treatment to identify drug misuse, and as an agent to self-report of drug use. Urine drug tests are indicated for those that the provider suspects have a potential high risk for substance abuse. The frequency of a urine drug test can be determined based upon the risk factors. The submitted documentation lacked any indication that the injured worker was on any type of opioid therapy. Additionally, there was no indication in the submitted report that the injured worker had any risks of substance abuse and the presence of illegal drugs. Furthermore, the provider did not provide a rationale as to why a urine drug screen would be warranted. Given the above the injured worker is not within the MTUS Guidelines. As such, the request 1 urine drug testing is not medically necessary.

Edotolac 600 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, NSAIDS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: The request for Edotolac 600 mg # 30 is not medically necessary. The California MTUS Guidelines recommend that the use of non-steroidal anti-inflammatory drugs (NSAIDs) for patients with osteoarthritis (including knee and hip) and patient with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular with those with gastrointestinal and cardiovascular or renovascular risk factors. In the patients with acute exacerbations with chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The submitted documentation did not indicate the efficacy of the medication. Additionally, it was not submitted for review as to how the medication was helping the injured worker with any functional deficits. Furthermore, as per guidelines it is recommended to be given in its lowest dose which is 200 mg every 6 to 8 hours. Additionally, the submitted request did not indicate a frequency or duration of the medication. Given that the request as submitted is for 600 mg, it is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Omeprazole 20 mg # 60: Upheld

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

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

Decision rationale: The request for omeprazole 20 mg # 60 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. According to the documentation submitted for review, there was no indication that the injured worker had any complaints of dyspepsia secondary to the medication. Additionally, there was also no indication that the injured worker might be at risk for gastrointestinal events. Furthermore, the request as submitted did not indicate a frequency or duration. As such, the request for omeprazole 20 mg # 60 is not medically necessary.

1 x-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for 1 x-ray of the lumbar spine is not medically necessary. The MTUS/ACOEM Guidelines state 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 6 weeks. However, it may be appropriate when the physician believes it would aid in a patients management. The request for x-ray of the lumbar spine does not meet the MTUS Guideline criteria. There was no red flag condition documented or submitted in the report, and there was no rationale of how the results of the x-ray would be used to direct future care of the injured worker. Furthermore, there was an x-ray obtained of the lumbar spine on 08/05/2014. It is unclear the rationale as to why the provider would be requesting additional x-rays. Given the above, the request for 1 x-ray of the lumbar spine is not medically necessary.