

Case Number:	CM13-0014258		
Date Assigned:	10/11/2013	Date of Injury:	09/29/2001
Decision Date:	01/08/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in internal medicine and medical oncology, and is licensed to practice in Texas. 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 physician 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.

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 patient is a 75-year-old who reported a work-related injury on 09/29/2001, mechanism of injury not specifically stated. The patient presents for treatment of the following diagnoses: cervicalgia, pain in joint in the shoulder region, unspecified myalgia and myositis. The clinical note dated 08/21/2013 reports that the patient was seen for a followup under the care of [REDACTED]. The provider documents that the patient presents with reports of continued pain to the bilateral shoulders and to the cervical spine, which elicits headaches. The patient reported that repetitive activity and fine motor skills increase her pain. The patient utilizes an Amrix sample, which decreased her pain due to the relaxation of muscles and improved sleep as a side effect. Upon physical exam of the patient, she had limited range of motion of the cervical spine in all directions. There was tenderness to palpation in the cervical spinous processes. The patient had functional range of motion and strength of the bilateral upper extremities and equal sensation to light touch. The provider recommended that the patient utilize Amrix 15 mg and return to clinic in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan to the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The clinical notes failed to evidence that the patient presented with any significant objective findings of symptomatology. The patient had no motor, neurological or sensory deficits upon physical exam. The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines indicates that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The request for a CT scan of the cervical spine is not medically necessary or appropriate.

CT scan of the bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The Physician Reviewer's decision rationale: According to the Shoulder Complaints Chapter of the ACOEM Practice Guidelines, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The clinical documentation submitted for review lacks evidence to support the current request. There was a lack of rationale or documentation evidencing when the patient last underwent imaging studies of the bilateral shoulders. The clinical notes failed to evidence significant objective findings of symptomatology to support the current request. The provider documented the patient had functional range of motion and strength of the bilateral upper extremities. The request for a CT scan of the bilateral shoulders is not medically necessary or appropriate.

CT scan of the lumbar spine: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: According to the Low Back Complaints of the ACOEM Practice Guidelines, when a neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The clinical documentation submitted for review lacks evidence to support the current request. There was a lack of rationale or documentation evidencing when the patient last underwent imaging studies of the lumbar spine. Clinical notes failed to evidence that the patient presented with any significant objective findings of symptomatology. The patient, upon physical exam, had no motor, neurological, or sensory deficits. The request for a CT scan of the lumbar spine is not medically necessary or appropriate.

Celebrex 200mg, 60 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Celebrex is a nonsteroidal anti-inflammatory drug. The clinical documentation submitted for review lacks evidence to support the current medication. There is a lack of documentation evidencing the patient's reported of efficacy with his current medication regimen. There is no documentation evidencing the patient's rate of pain on a Visual Analog Scale or an increase in objective functionality as the result of this medication. The request for Celebrex 200mg, 60 count, is not medically necessary or appropriate.

Amrix 15mg, 30 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Amrix is recommended for a short course of therapy. The clinical documentation submitted for review lacks evidence to support the current medication. There is a lack of documentation evidencing the patient's reported of efficacy with his current medication regimen. There is no documentation evidencing the patient's rate of pain on a Visual Analog Scale or an increase in objective functionality as the result of this medication. The request for Amrix 15mg, 30 count, is not medically necessary or appropriate.