

Case Number:	CM13-0014950		
Date Assigned:	01/03/2014	Date of Injury:	05/14/2013
Decision Date:	04/30/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/19/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in California. 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. 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 patient is a 30-year-old male who reported an injury on 05/14/2013. The mechanism of injury was a refrigerator fell on the patient. The patient was diagnosed with lumbago. The patient's symptoms included interscapular pain, more to the right of midline. The patient had some slight, intermittent numbness at his thoracolumbar junction. The patient noted some compression effects with his right middle back. He also noted some popping and cracking sensations with neck stretches. Physical examination revealed tightness across the upper trapezius and thoracic paraspinal region, more on the right side, with some fairly mild tenderness either in the right rhomboid or paraspinal about the T2 to T4 level. Cervical range of motion was noted to be good in all planes, although in flexion caused some irritation to the mid back area. The shoulder range of motion was good in all planes without impingement signs. The sensory exam was noted to be intact to light touch throughout both upper limbs without dermatomal pattern. Bilateral upper extremity strength was noted to be 5/5. Past medical treatment included physical therapy for the cervical and thoracic spine. An MRI of the cervical spine was recommended to assess for potential concordant anatomical pathology that might account for his cervicothoracic junction pain. Ibuprofen was also recommended.

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): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: According to the ACOEM Guidelines, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The most recent clinical note provided indicated the employee had intact and symmetrical reflexes at the biceps, triceps, and brachioradialis. The employee was also noted to have a 5/5 strength of bilateral upper extremities. Therefore, in the absence of neurologic deficits on physical examination, the request is not supported. Given the above, the request for MRI of the cervical spine is non-certified.

UNKNOWN PRESCRIPTION OF IBUPROFEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to the MTUS Guidelines, NSAIDs are recommended 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, for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. In addition to that, there is inconsistent evidence for the use of these medications to treat long term neuropathic pain but they may be useful to treat breakthrough pain and mixed pain conditions such as osteoarthritis and with neuropathic pain. The most recent clinical note provided, indicated the employee had interscapular pain and middle back pain with workouts. As the employee was noted to be tapered from opioids, the requested medication would be supported. However, the request as submitted failed to indicate the frequency and dosage in which this medication is to be taken. Therefore, the request for unknown prescription of ibuprofen is non-certified.

