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| Case Number: | CM13-0023453 | | |
| Date Assigned: | 11/15/2013 | Date of Injury: | 08/02/2011 |
| Decision Date: | 01/15/2014 | UR Denial Date: | 08/22/2013 |
| Priority: | Standard | Application Received: | 09/12/2013 |

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 Anesthesiology, has a subspecialty in Pain Medicine, 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 38-year-old male who reported an injury on 08/02/2011 secondary to wearing a gun belt and strain from his employment. A clinical note signed by [REDACTED] dated 02/11/2013 reported the patient had been placed at permanent and stationary on 05/09/2012 and since the time of his last evaluation the patient had ongoing complaints of pain in his neck, right shoulder, left elbow, wrist, low back, right hip, and both knees. The patient is noted to have had muscle guarding in his neck at the time of his last evaluation with tenderness to palpation, atrophy, loss of motion, and weakness of the right shoulder which was consistent with his injury and surgery. He had positive tennis elbow on the left consistent with tenderness over the outer elbow, ongoing decreased range of motion of the lumbar spine with mildly decreased painful motion of the right hip. He was tender over the left knee. A clinical note dated 04/03/2013 reported the patient stated no changes in his last visit. He reported ongoing pain in his left hand and finger rated 6/10 with numbness and reported a rubbing sensation to the top of the wrist with locking of the left index finger and thumb. He also reported 8/10 neck pain with neck stiffness and popping with movement and ongoing headaches. He reported his left elbow had occasional dull pain when leaning on it and he reported constant low back pain rated 6/10 with intermittent pain radiating to the right hip and leg rated 7/10 with occasional tingling and sharp pain. Left knee increased pain at 7/10 with sharp stabbing pain with kneeling and he reported popping. Right knee was 7/10 with weakness and he reported loose sensation with movement of the knee. He reported his left knee continued to lock up. He reported at that time he was experiencing more pain in his neck. On examination, the patient was noted to have tenderness to palpation of the cervical spine with spasms, limited range of motion of the cervical spine, lumbar spine, a

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk.

Decision rationale: MTUS Chronic Pain Guidelines recommend the use of proton pump inhibitors such as Naproxen for patients with complaints of dyspepsia caused by use of nonsteroidal anti-inflammatories. Although the patient is noted to be using a nonsteroidal anti-inflammatory, there is no documentation of the patient's complaints of GI upset or dyspepsia related to this and as such, the request for Prilosec does not meet guideline recommendations. The request for Prilosec 20mg #60 is not medically necessary and appropriate.

MRI of the cervical spine (R/O Degenerative Disc Disease Neuralforaminal Stenosis):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

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

Decision rationale: ACOEM Guidelines state that among the criteria for ordering imaging studies is physiological evidence of tissue insult or neurologic dysfunction, which may come in the form of definitive findings on physical exam. Definitive findings on physical exam of physiological evidence of tissue insult or neurologic dysfunction may then indicate the need for imaging studies of the cervical spine. As there is no documentation of definitive neurological findings on physical examination, the requested cervical MRI does not meet ACOEM Guideline recommendations. Based on the above, the request for MRI of the cervical spine (R/O Degenerative Disc Disease Neural Foraminal Stenosis) is not medically necessary and appropriate.

EMG/NCV of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

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

Decision rationale: ACOEM Guidelines state when a neurological examination is less clear, further evidence of physiological evidence of nerve dysfunction may be obtained before ordering

an imaging study. There is no documentation that the patient complains of radiation of pain nor is there any indication that there are neurological deficits on physical examination that would warrant an electrodiagnostic study of the left upper extremity. There is also no documentation of examination findings or complaints of the right upper extremity to warrant an electrodiagnostic study of the right upper extremity. As such, the requested EMG/NCV of the bilateral upper extremities is non-certified. The request for EMG/NCV of the bilateral upper extremities is not medically necessary and appropriate.