

Case Number:	CM13-0029416		
Date Assigned:	03/03/2014	Date of Injury:	08/28/2002
Decision Date:	04/23/2014	UR Denial Date:	09/15/2013
Priority:	Standard	Application Received:	09/26/2013

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 Occupational 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:

According to the records made available for review, this is a 60-year-old female with an 8/28/02 date of injury, and a C5-6 cervical discectomy and fusion in 2004. At the time (9/4/13) of request for authorization for Celebrex 200MG #60 and x-rays of cervical spine #1, there is documentation of subjective (cervical spine pain and stiffness increased with range of motion that has gotten worse since she has been off NSAIDs due to bloody stool) and objective (increase pain right arm, decreased sensation over the ulnar digits and well healed incision over the neck, and painful motion) findings, current diagnoses (status post C5-6 cervical discectomy and fusion, status post right carpal tunnel release, and history of left hand overuse syndrome), and treatment to date (medications (including NSAIDs) and cervical spine surgery). Medical report identifies a request for x-rays status post fusion and a trial of Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section NSAIDs, specifi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Anti-inflammatory medications Page(s): 22.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. Within the medical information available for review, there is documentation of diagnoses of status post C5-6 cervical discectomy and fusion, status post right carpal tunnel release, and history of left hand overuse syndrome. In addition, given documentation of subjective findings (cervical spine pain and stiffness increased with range of motion that has gotten worse since she has been off NSAIDs due to bloody stool), there is documentation of high-risk of GI complications with NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Celebrex 200MG #60 is medically necessary.

X-RAYS OF CERVICAL SPINE #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Minnesota Rules, Parameters for Medical Imaging.

Decision rationale: The ACOEM guidelines identify documentation of presence of red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection, and failure of 4-6 weeks of conservative treatment, as criteria necessary to support the medical necessity of initial radiographs. The ODG guidelines identify documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings), as criteria necessary to support the medical necessity of a repeat x-ray. Within the medical information available for review, there is documentation of diagnoses of status post C5-6 cervical discectomy and fusion, status post right carpal tunnel release, and history of left hand overuse syndrome. In addition, there is documentation of a request for x-rays status post fusion. However, despite documentation of subjective (cervical spine pain and stiffness increased with range of motion that has gotten worse since she has been off NSAIDs due to bloody stool) and objective (painful motion) findings, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for x-rays of cervical spine #1 is not medically necessary.