

Case Number:	CM13-0031166		
Date Assigned:	12/04/2013	Date of Injury:	03/21/2013
Decision Date:	05/06/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopedic Surgery 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 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 claimant was injured in a work related accident on March 21, 2013. The clinical records for review indicate prior electrodiagnostic studies to the upper extremities showing negative testing bilaterally. Records for review include September 13, 2013 progress report with orthopedic surgeon [REDACTED] indicating multiple orthopedic complaints including wrist, upper back, headaches, shoulder pain, neck pain, anxiety and stress. Objectively, there was tenderness to palpation of the cervical and thoracic spine with paravertebral muscle tenderness and trapezial tenderness noted. The neck was with restricted motion. The bilateral shoulders were with tenderness, diminished motion and no motor deficit. The examination of the upper extremities demonstrated medial and lateral epicondylitis bilaterally with positive Tinel sign over the cubital tunnel. The working diagnosis was cervical and thoracic strains with shoulder strains, contracture headache and medial and lateral epicondylitis. The plan was for a TENS unit for home use, continued use of medications to include Norco, Prilosec, Fexmid and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, TENS, (Transcutaneous Electrical Nerve Stimulation)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) / Transcutaneous electrotherapy.

Decision rationale: Based on the CA MTUS Chronic Pain Medical Treatment Guidelines continued use of a TENS unit would not be indicated. The TENS unit devices are not recommended as an isolated intervention are typically not recommended for purchase without documented use of a 30 day trial period. This request for the above mentioned device is not indicated.

MRI OF THE CERVICAL SPINE, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177-178.

Decision rationale: Based on the CA ACOEM Guidelines the MRI of the cervical spine is not indicated. CA MTUS states, "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." Available for review are negative electrodiagnostic studies failing to demonstrate any degree of radicular process with concordant physical examination findings failing to demonstrate radiculopathy to the upper extremities. The absence of radicular process on both physical examination and recent electrodiagnostic studies would fail to necessitate MRI of the cervical spine in this case.

PRILOSEC 20 MG, QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: The CA MTUS Guidelines would not support the concordant use of Prilosec. The guideline criteria would indicate the need for demonstration of a gastrointestinal risk factor to support the role of this protective proton pump inhibitor. The role of use of non-steroidal medications alone does not support the role of Prilosec. The claimant fails to meet any criteria that would indicate a risk for gastrointestinal factor for the need of this agent. This request is not supported.