

<b>Case Number:</b>	CM13-0036424		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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, has a subspecialty in Pulmonary Disease 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 46-year-old male who reported an injury on March 01, 2013. The mechanism of injury was the patient was shot in the face by a gunman in a robbery attempt. The patient was diagnosed with status post gunshot wound to the head/neck. The patient has had complaints of pain in the back of the neck, which the patient rated at 9/10 on a pain scale of 1 to 10. The patient reported the pain radiates to both sides of the neck, base of the head, upper back, bilateral parascapular areas, and bilateral shoulders, associated with numbness and tingling sensation in the back of the neck. The patient reported the pain is aggravated by physical activities that require him to perform repetitive neck motions, prolonged positioning of the head and sitting with neck flexed and heavy lifting and carrying. The patient also reported severe pain in the left shoulders at 9/10. The patient also complained of pain in the low back, which was present intermittently at 9/10. The patient reported that the pain radiated proximally to the mid-back and distally to the buttocks and posterior aspect of the right leg causing numbness and tingling. Additionally, the patient had developed psychological trauma secondary to his work-related injuries. The patient reported that his symptoms have not resolved. The patient reported he continues to have trauma, headaches, respiratory problems, right eye problems, neck, left shoulder, and lower back pain. Physical examination of the neck and shoulder revealed stiffness of the cervical spine. There was also a palpable bullet in the left subcutaneous area of the neck. The patient had neck stiffness with movement. There was also tenderness, spasms, axial compression 0:0 and trigger points 0/1+ just over the bullet on the left. The patient had slightly decreased range of motion in the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The clinical documentation submitted for review does not meet the guideline recommendations. The California MTUS/ACOEM guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. However, the clinical documentation submitted for review does not indicate that the patient has had a change in symptoms that would necessitate a neurology consultation. Given the lack of documentation to support the guideline criteria, the request for a neurology consultation is not medically necessary or appropriate.

**Florinef, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com: Florinef, indications and Usage

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD: Florinef

**Decision rationale:** The clinical documentation submitted for review does not meet the guideline recommendations. Neither the California MTUS/ACOEM guidelines nor the ODG address the request. Florinef is used along with other medications to treat low glucocorticoid levels caused by disease of the adrenal gland. The clinical documentation submitted for review does not show a medical necessity for this medication as there was no documented low glucocorticoid levels provided. Given the lack of documentation to support guideline criteria, the request for Florinef is not medically necessary or appropriate.