

<b>Case Number:</b>	CM13-0044766		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 patient is a 55 year old female, who was injured in a work related accident on 05/05/11. Records provided for review include a 03/25/14 progress report noting continued complaints of pain in the right wrist, right elbow, shoulder and neck. The report documents that the patient is status post arthroscopic shoulder acromial decompression in April 2013. Physical examination showed the neck to have stiffness and guarding, tenderness to palpation, and diminished sensation to the right hand in a non-dermatomal fashion. There was also complaints of C 5-6 sensory loss bilaterally. Motor examination showed weakness to the deltoid biceps and intrinsic on the right compared to the left with significantly diminished right hand grip strength. Working assessment was right posterior interosseous neuropathy with right elbow strength, status post right shoulder surgery. Recent treatment has included medication management and formal physical therapy. The report of an MRI of the cervical spine dated 10/18/13 identified multi-level disc dessication with posterior disc osteophyte complexes at C 4-5, through C 6-7. The electrodiagnostic study of the upper extremities from 11/13/13 was abnormal showing evidence of bilateral chronic C 5- radiculopathy. There are current requests for electrodiagnostic studies, cervical MRI and prescription of Prilosec.

### 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.

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

**Decision rationale:** The California ACOEM Guidelines would not support further MR imaging of the cervical spine. Records identify that since the October 2013 cervical MRI there have been no significant changes in the patient's clinical presentation or physical examination findings. The role of repeat testing at this stage in patient's clinical course of care with recent imaging for review would not be indicated.

**NCV BUE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The California ACOEM Guidelines would not support the role of electrodiagnostic studies. Recent electrodiagnostic studies have been performed that confirm the evidence of chronic radiculopathy to the C 5- 6 level. This would be consistent with patient's current physical examination findings. The role of repeat testing would not be supported.

**Prilosec 20mg, quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Prilosec:NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS Chronic Pain Guidelines would currently not support continued use of Prilosec. Records indicate this individual has medication induced gastritis. There is currently no documentation of recent use of nonsteroidal agents, nor does this individual meet The Chronic Pain Guideline criteria for significant risk factor for use of a protective proton pump inhibitor. The request for this agent would thus not be supported as medically necessary.