

Case Number:	CM13-0056339		
Date Assigned:	12/30/2013	Date of Injury:	11/20/2009
Decision Date:	05/08/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/22/2013

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 Internal Medicine and Pulmonary Diseases, 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 30-year-old female with a date of injury of 11/20/09. The mechanism of injury was cumulative, repetitive stress injuries involving the axial neck and resulting in status post C5-6 artificial disc replacement. On 10/25/13, the injured worker presented with cervical myofascial pain going into the trapezius and rhomboid muscles, cervical degenerative disc disease, winged scapula, and mild depression. The injured worker is active, and makes time for a home exercise program. Medications listed are Cymbalta 60mg and Motrin as needed. On physical exam, the injured worker showed functional range of motion of bilateral upper extremities and there was left greater than right trapezius tenderness. The plan was to remain active as possible, continue the home exercise program, and continue the Cymbalta at 60mg a day. There was a request for authorization on 11/1/13; the clinical information included issues with GI stress due to Motrin usage. The injured worker was taking Motrin 2-3 times a day to help address inflammation and pain. There was no evidence of treatment with medications or other conservative interventions undertaken to address GI related complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray abdominal: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ACR-SPR Practice Guideline for the Performance of Abdominal Radiography Res. 52 - 2011.

Decision rationale: The American College of Radiology Guideline for the Performance of Abdominal Radiography indicates that abdominal radiography should only be performed for a valid medical reason. While it is not possible to detect all abnormalities using abdominal radiography, adherence will maximize the diagnostic yield. There was no additional clinical information to suggest conservative treatment had been utilized to address the GI related complaints or how long the patient had been experiencing these complaints. As such, the guidelines would not support the need for the x-ray. Given that there was no clinical evidence providing other conservative treatment, the request is non-certified.