

Case Number:	CM13-0059363		
Date Assigned:	12/30/2013	Date of Injury:	07/05/2002
Decision Date:	03/24/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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:

The applicant is an [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 5, 2002. Thus far, the applicant has been treated with the following: analgesic medications, transfer of care to and from various providers in various specialties, and prior cervical spine fusion surgery. A February 2, 2010 progress note is notable for comments that the applicant is off of work, on total temporary disability, as of that point in time. A CT scan of the cervical spine of November 30, 2009 is notable for evidence of a prior anterior discectomy and fusion at C5-C6 and C6-C7 with associated low-grade facet arthropathy at C4-C5. An April 4, 2013 progress note is notable for comments that the applicant is using medications, ointments, and creams, including Prilosec for his gastritis. Prilosec 40 mg #60 was issued, to be used twice daily. On September 5, 2013, the attending provider stated that the applicant was reporting persistent neck pain, 7/10, intense at times with tightness about the paraspinal musculature and a well-healed incision line noted. Decreased cervical range of motion is noted. A CT scan of the cervical spine was sought, along with laboratory testing. Medications were again refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI and/or CT scanning is "recommended" to validate a diagnosis of suspected nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, while the applicant does have longstanding neck complaints status post prior cervical fusion surgery, there is no clear statement, indication, or suggestion that the attending provider would consider further surgical treatment or further surgery here. There is no indication that the applicant wished to consider or pursue further cervical spine surgery. Furthermore, there is no evidence of neurologic compromise described, either historically or on exam. Therefore, the request remains non-certified, on Independent Medical Review.

Prilosec: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDS Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton-pump inhibitors such as omeprazole or Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is described as having ongoing symptoms of gastritis. While the attending provider did not furnish the exact dosage, amount, and quantity on this prescription, it can be reasonably inferred, based on previous progress notes, that the recommended dosage, frequency, and amount is Prilosec 40 mg #60, to be used twice daily. Continue usage of Prilosec is indicated and appropriate. Therefore, the request is certified.