

Case Number:	CM14-0107835		
Date Assigned:	08/01/2014	Date of Injury:	11/05/1997
Decision Date:	09/22/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 66-year-old female, who reported injury on 11/05/1997. Mechanism of injury was not submitted for review. The injured worker has a diagnosis of neck pain. The injured worker's past treatment consists of epidural injections, physical therapy, trigger point injections, and medication therapy. Medications include Motrin 600 mg 1 tablet 3 times a day, Advil 200 mg 2 times a day, Diazepam (Valium) 5 mg tablet 2 times a day, and Voltaren Gel 1% topical. No duration or frequency submitted with the medication. An MRI scan was done on the injured worker. It does not state when the MRI was done. In 2004, the injured worker underwent cervical fusion at C5-7 level and again in 2009. The injured worker complained of neck pain and described it as intense, mild and moderate. The pain is gradual when it comes to onset. She also described it as throbbing, aching, dull, with spasm. There were no measurable pain levels documented. Physical examination dated 06/16/2014 of the cervical spine revealed that the injured worker had trigger points, trapezoids and rhomboids. Deep tendon reflexes were normal right and normal left. There was tenderness greater occipital right than left. There was pain on range of motion by 25%. Sensory examination was normal, and motor examination was normal. The treatment plan is for the injured worker to undergo an x-ray of the cervical spine, including oblique, flexion and extension. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray cervical spine (full) including oblique; flexion; & extension: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck and Upper Back, Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for X-ray cervical spine (full) including oblique; flexion; and extension is not medically necessary. The MTUS/ACOEM guidelines state cervical spine x rays should not be recommended in patients with neck or upper back problems in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. The request for x-rays of the cervical spine does not meet the MTUS guideline criteria. There was no red flag condition documented or submitted in the report, and there was no rationale of how the results of the x-ray would be used to direct future care of the injured worker. As such, the request for an x-ray of the cervical spine is not medically necessary.

Motrin 600mg, Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request Motrin 600 mg, Quantity 90 is not medically necessary. The injured worker complained of neck pain and described it as intense, mild and moderate. The pain is gradual when it comes to onset. She also described it as throbbing, aching, dull, with spasm. There were no measurable pain levels documented. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend anti-inflammatories as the traditional first line treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The report submitted revealed lack of updated documentation on the functionality or the Motrin's effectiveness. There was no evidence reporting the injured worker's measurable pain rate prior to the medication and pain rate after. There was a lack of documentation showing whether the Motrin helped with the injured worker's functional deficits. Additionally, the request as submitted lacked a duration and frequency of the medication. Furthermore, the submitted report lacked any quantified objective evidence as far as the injured worker's pain. There was no range of motion, no muscle strength, and any pertinent evidence at all. As such, the request for Motrin 600 mg is not medically necessary.