

Case Number:	CM14-0109297		
Date Assigned:	08/01/2014	Date of Injury:	10/17/2013
Decision Date:	09/29/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/14/2014

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 is licensed to practice in Nevada. 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 records, presented for review, indicate that this 52 year old male was reportedly injured on October 17, 2013. The mechanism of injury was noted as an altercation with a patient. The most recent progress note, dated May 28, 2014, indicated that there were ongoing complaints of neck, back and bilateral shoulder pains. The physical examination demonstrated a negative compression test, a slight decrease to cervical spine range of motion, and a negative Spurling's test, right shoulder examination noted no report of localized tenderness over the acromioclavicular joint, Hawkins test was negative, Neer's test was positive, and strength was noted to be 5/5. Diagnostic imaging studies objectified noted degenerative changes in the cervical spine, degenerative changes in the left shoulder with a hooked acromion, and degenerative changes in the lumbar spine. Previous treatment included conservative care and multiple medications. A request was made for multiple Xrays and was not certified in the preauthorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 05/28/14- X-Rays Cervical Spine: Upheld

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

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

Decision rationale: When noting the date of injury, the initial clinical evaluation and that plain films of the lower lumbar region pelvis had been completed, there is no clinical indication presented to repeat the studies. These films were done on a rather wrote basis, with no objectification of any acute injury or indication of osseous abnormality. Therefore, when incorporating the parameters noted in the ACOEM Guidelines and by the progress notes indicating that plain films had been accomplished previously, the request is not medically necessary.

Retro 05/28/14- X-Rays Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: When noting the date of injury, the initial clinical evaluation and that plain films of the lower lumbar region pelvis had been completed, there is no clinical indication presented to repeat the studies. These films were done on a rather wrote basis, with no objectification of any acute injury or indication of osseous abnormality. Therefore, when incorporating the parameters noted in the ACOEM Guidelines and by the progress notes indicating that plain films had been accomplished previously, the request is not medically necessary.

Retro 05/28/14- X-Rays Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines web edition 12th edition 2014 Low Back, Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting the date of injury, the initial clinical evaluation and that plain films of the lower lumbar region pelvis had been completed, there is no clinical indication presented to repeat the studies. These films were done on a rather wrote basis, with no objectification of any acute injury or indication of osseous abnormality. Therefore, when incorporating the parameters noted in the ACOEM Guidelines and by the progress notes indicating that plain films had been accomplished previously, the request is not medically necessary.

Retro 05/28/2014 X-Rays Pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 12th Edition Hip & Pelvis 2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting the date of injury, the initial clinical evaluation and that plain films of the lower lumbar region pelvis had been completed, there is no clinical indication presented to repeat the studies. These films were done on a rather wrote basis, with no objectification of any acute injury or indication of osseous abnormality. Therefore, when incorporating the parameters noted in the American College of Occupational and Environmental Medicine (ACOEM) and by the progress notes indicating that plain films had been accomplished previously, there is no clinical or medical necessity to repeat these films.

Norco 10/325 MG # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: As outlined in the MTUS Guidelines, this medication is a short acting opioid indicated for the management of moderate to severe breakthrough pain. As noted on the plain films reported, there are multiple locations of osteoarthritis. Furthermore, the injured employee was declared to be permanent stationary, as there is no acute findings. Therefore, when noting that the guidelines require that the lowest possible dose is required to improve pain and increase functionality, and noting that neither of these issues was addressed and by the parameters outlined in the physical examination, there is insufficient clinical information presented to support this request. As such, the request is not medically necessary.