

Case Number:	CM14-0013286		
Date Assigned:	02/26/2014	Date of Injury:	06/15/2012
Decision Date:	07/15/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/03/2014

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 & Rehabilitation has a subspecialty in 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, 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 53-year-old male who reported an injury on 06/15/2012 secondary to an unknown mechanism of injury. There are no clinical notes from the date of the request in the documentation provided. The most recent exam dated 01/16/2014 indicated the injured worker was evaluated for reports of headache and bilateral upper extremity complaints. The physical examination noted positive Tinel's sign and elbow flexion tests in the elbows bilaterally. A positive Tinel's and Phalen's and handshake tests were noted bilaterally. There was also tenderness in the medial and epicondyle regions bilaterally. The lumbar spine examination noted tenderness to palpation diffusely in the midline with tenderness also noted in the bilateral paraspinals. The diagnoses included probably posttraumatic headaches, cervicothoracic strain, bilateral medial and lateral epicondylitis, bilateral carpal tunnel and/or cubital tunnel syndrome, lumbosacral strain, and psychiatric complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Per the supplemental documentation from the provider, this request was inaccurate and should have been for the cervical spine. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.

PRILOSEC 20MG #60 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend the use of proton pump inhibitors when the patient is at intermediate risk for GI events and on NSAIDs. The injured worker is on NSAIDs; however, there is no evidence in the documentation provided of risk for gastrointestinal events. Therefore, the request for Prilosec 20mg #60 with one refill is not medically necessary.

REFERRAL TO A SPINE SPECIALIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/ Office visits.

Decision rationale: The Official Disability Guidelines may recommend office visits based on the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. There is a significant lack of clinical evidence to warrant a referral to a spine specialist. Therefore, due to the significant lack of clinical evidence to warrant a spine specialist referral, the request not medically necessary.

REFERRAL TO A HAND SPECIALIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Forearm, Wrist and Hand/ Office visits.

Decision rationale: The Official Disability Guidelines may recommend office visits based on the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment.

There is a significant lack of clinical evidence to warrant a referral to a hand specialist.
Therefore, due to the significant lack of clinical evidence to warrant a hand specialist referral is not medically necessary.