

Case Number:	CM14-0123262		
Date Assigned:	08/08/2014	Date of Injury:	03/16/2011
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/05/2014

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 Neurological Surgery 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 records, presented for review, indicate that this 43-year-old individual was reportedly injured on 3/16/2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 7/18/2014, indicated that there were ongoing complaints of neck pain that radiated in the bilateral upper extremities, and low back pain that radiated to bilateral lower extremities. The physical examination demonstrated cervical spine right side rotation 50 left side rotations 55, flexion 62, and extension 35. There is positive tenderness to palpation of the supraclavicular area bilaterally. Occipital notch tender bilaterally. Paraspinal muscles tender bilaterally. Bilateral shoulders normal range of motion with pain. Upper extremities with positive Tinel's sign right more than left at Cubital tunnel and carpal tunnel. Positive Finkelstein on the right and lumbar spine had limited range of motion. There is positive tenderness to palpation of the paravertebral muscles right more than left. Straight leg raise sign was positive on the right at 55. Sciatic notch tenderness bilaterally and no reason diagnostic studies are available for review. Previous treatment included physical therapy. A request had been made for CT discogram L4-L5 with a control level at L2-L3 under sedation and Naprosyn 550 mg #60 and was not certified in the pre-authorization process on 7/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT discogram at L4-5 with a control level at L2-3 under sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The ACOEM guidelines do not recommend lumbar discography, whether performed as a solitary test or when paired with imaging (e.g. MRI), for acute, subacute or chronic back pain, or for radicular pain syndromes. As such, in accordance with the ACOEM guidelines, the request is not considered medically necessary.

Naprosyn 550 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) P Page(s): 66 & 73 of 127.

Decision rationale: Naprosyn is recommended as an option. Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. After review of the medical records provided, the injured worker does not have a diagnosis associated with osteoarthritis. Therefore, this request for continued use of this medication is deemed not medically necessary.