

Case Number:	CM14-0124069		
Date Assigned:	08/08/2014	Date of Injury:	06/14/2006
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
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 62-year-old female was reportedly injured on 14 June 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated August 5, 2014, indicated that there were ongoing complaints of cervical spine pain radiating to the left upper extremity. There was a complaint of diarrhea with the usage of Relafen. The physical examination demonstrated decreased motion of the cervical spine and decreased sensation at the left upper extremity from C5 through C7. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included home exercise and yoga. A request had been made for a surgical consultation for the cervical spine and Relafen and was not certified in the pre-authorization process on July 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Consultation for Cervical: 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) TWC Pain Procedure Summary last updated 6/10/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical.

Decision rationale: According to the attached medical record, the injured employee has cervical spine pain with radicular findings of the left upper extremity. However, there is no MRI or nerve conduction study results with findings to corroborate this. Therefore, it is difficult to justify any potential surgery. Considering this, the request for a surgical consultation for the cervical spine is not medically necessary.

Relafen 500mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 22 of 127.

Decision rationale: Relafen is an anti-inflammatory medication. The attached medical record does not indicate what efficacy has been achieved with this medication or supply any justification for its use over other anti-inflammatories. For this reason, this request for Relafen is not medically necessary.