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| Case Number: | CM14-0176560 | | |
| Date Assigned: | 10/29/2014 | Date of Injury: | 07/19/2007 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 10/09/2014 |
| Priority: | Standard | Application Received: | 10/24/2014 |

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; has a subspecialty in Interventional spine 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 patient is a 56 year old male with date of injury 7/19/07. The treating physician report dated 9/30/14 indicates that the patient presents with pain affecting the cervical (3-4/10) and thoracic spine (6/10) with radiating pain into the shoulder blades. Current medications are: Metformin BID, Lisinopril qd, Hydrocodone 2-3 times a week and Ibuprofen 800mg q day. The physical examination findings reveal tenderness of the C/T spine, spasm T3-6, decreased cervical ranges of motion, shoulder abduction is 4/5 left and decreased bilateral shoulder ranges of motion. Cervical MRI dated 8/27/14 was interrupted due to claustrophobia, C3-C7 showed disc osteophyte complex. The current diagnoses are: 1. C5/6 disc degeneration 2. T7-12 disc degeneration per MRI 11/20/07 3. Bilateral shoulder impingement syndrome. The utilization review report dated 10/9/14 denied the request for Motrin and MRI of the thoracic spine based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg by mouth three times a day: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The patient presents with chronic cervical, thoracic and bilateral shoulder pain. The current request is for Motrin 800mg by mouth three times a day. The treating physician report dated 9/30/14 states, "Patient given a prescription for Motrin 800mg one tab po TID." In reviewing the reports provided the patient has been prescribed Motrin since at least 4/28/14. The treating physician reports that the the patient has decreased mid back pain from an 8/10 to a 6/10 with medication usage. Neck pain is rated a 3-4/10 and increases to a 5/10 without medication usage. The MTUS guidelines support NSAID usage for the treatment of osteoarthritis. There is no information reported that the patient is suffering from any side effects from this medication therefore request is medically necessary.

MRI of the thoracic spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Canale: Campbell's Operative Orthopedics, 10th ed. Chapter 39-Lower Back Pain and Disorders of Intervertebral Discs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, MRI

Decision rationale: The patient presents with chronic cervical, thoracic and bilateral shoulder pain. The current request is for MRI of the thoracic spine without contrast. The treating physician report dated 9/30/14 states, "I will request authorization for an updated MRI scan of the thoracic spine without contrast, and will obtain the MRI scan of the cervical spine for my personal review." The MTUS guidelines do not address repeat MRI scans. The ODG guidelines states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case the treating physician has not documented any red flags or new injury that would require a new MRI scan and there has been no significant change in symptoms therefore request is not medically necessary.