

Case Number:	CM14-0176783		
Date Assigned:	10/30/2014	Date of Injury:	02/28/2013
Decision Date:	12/05/2014	UR Denial Date:	10/10/2014
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 Family Medicine and is licensed to practice in Utah. 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 45 year-old male. The patient's date of injury is 2/28/2013. The mechanism of injury was a motor vehicle accident. The patient has been diagnosed with discogenic low back pain, bilateral shoulder impingement syndrome, left cervical radiculopathy, and neck pain. The patient's treatments have included physical therapy, injections, imaging studies, and medications. The physical exam findings dated 5/23/2014 shows the cervical spine with some tenderness over the paraspinal muscles. There is no tenderness over the base of the neck. There is tenderness over the left trapezius muscle. The shoulder exam shows palpable tenderness over the anterolateral aspect of the left shoulder. There is pain with motion and a positive impingement sign on the left shoulder. The patient's medications have included, but are not limited to, Medrol dose pack, ibuprofen, and Tramadol. The request is for a Medrol dose pack and REM sleep wave adjustable base.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Medrol dose pack 4 mg QTY: 21.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate.com Prednisone

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a Medrol dose pack. MTUS guidelines state the following: indicated for acute inflammation. The clinical documents state the patient's injury was over a year ago. The Medrol dose pack is not indicated at this time. According to the clinical documentation provided and current MTUS guidelines; a Medrol dose pack is not indicated as a medical necessity to the patient at this time.

REM sleep wave adjustable base: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints chapter and summary of recommendations..

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a REM sleep wave adjustable base. Guidelines do not support the use of sleep assist mattresses. According to the clinical documentation provided and current guidelines; a REM sleep wave adjustable base is not indicated as a medical necessity to the patient at this time.