MAXIMUS Federal Services

Case Number:	CM14-0037174		
Date Assigned:	06/25/2014	Date of Injury:	04/22/2013
Decision Date:	07/29/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 Occupational Medicine, and is licensed to practice in Texas. 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 injured worker is a 61 year old male injured on 04/22/13. The injured worker sustained injury when he was picking up carts in a parking lot when he felt sudden onset of pain in his shoulders. Current diagnoses included cervical spondylosis at C6-7 with right upper extremity cervical radiculitis, degenerative disc disease at C5-6, sleep disturbance due to pain, and right shoulder impingement syndrome with rotator cuff tear. Clinical note dated 01/30/14 indicated the injured worker presented complaining of right shoulder and right arm pain in addition to cervical spine pain. The injured worker currently rated his pain at 8-10/10 described as swelling, clicking, tingling, burning, stabbing, weakness, and numbness in the right shoulder and neck. Medications included Norco 10mg, diclofenac XL 100mg, and Nizatidine 150mg. The initial request for MRI of the cervical spine, lumbar spine, right shoulder, and Norco 10mg #120, and Nizatidine 150mg #120 was non-certified on 02/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Magnetic Resonance Imaging (MRI).

Decision rationale: As noted in the CA MTUS, MRIs are recommended for acute neck and upper back conditions when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection. MRI is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. There is no indication in the documentation that the injured worker has had a change in status requiring repeat diagnostic studies. As such, the request for MRI of the cervical spine is not medically necessary.

MRI of the Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -online version, Low Back Complaints, Magnetic Resonance Imaging (MRI).

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, MRI is not recommended in cases of uncomplicated low back pain, with radiculopathy, until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. 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). The clinical documentation fails to establish compelling objective data to substantiate the presence of radiculopathy or neurologic deficit. Additionally, there is no indication that the injured worker has undergone at least one month of conservative treatment. As such, the request for Magnetic Resonance Imaging (MRI) Lumbar Spine is not medically necessary.

MRI of the Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder complaints, Magnetic Resonance Imaging (MRI).

Decision rationale: As noted in the CA MTUS, routine MRI for evaluation of shoulder disorders without surgical indications is not indicated. There is no indication in the documentation that the injured worker has had a change in status requiring repeat diagnostic studies. As such, the request for MRI of the right shoulder is not medically necessary.

Norco 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, Norco 10mg #120 is not medically necessary.

Nizatidine 150 mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (http://www.drugs.com/pro/axid-ar.html).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 67-73.

Decision rationale: As noted in the CA MTUS concomitant prescriptions of cytoprotective medications (H2 blockers) are recommended for patients at substantially increased risk for gastrointestinal bleeding. The documentation indicates the injured worker complained of gastritis, ongoing use of narcotic medications, with age greater than 60. As such, the request for Nizatidine 150 mg #120 is medically necessary.