

Case Number:	CM14-0039844		
Date Assigned:	06/27/2014	Date of Injury:	11/04/2011
Decision Date:	08/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/04/2014

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 and is licensed to practice in Nevada. 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 58 year-old individual was reportedly injured on November 4, 2011. The mechanism of injury is noted a fall at work. The most recent progress note, dated March 3, 2014, indicates that there are ongoing complaints of neck and upper extremity pain. Numbness and tingling noted in the bilateral upper extremities. The physical examination demonstrated a decrease in cervical spine range of motion, tenderness to palpation in the paraspinal musculature and no other findings. Diagnostic imaging studies objectified multiple level minimal disc bulges. Electrodiagnostic study (EMG) reported mild acute C7 radiculopathy and left. Previous treatment includes multiple medications, physical therapy, electrodiagnostic studies. A request had been made for cervical injection and medications and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible CESI (Cervical epidural steroid injection): Overturned

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

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): 46.

Decision rationale: When noting the date of injury, the injury sustained, the findings noted on electrodiagnostic assessment of a mild acute radiculopathy tempered by the findings on the physical examination involving the upper extremities, there is a clinical indication for an epidural steroid injection to treat the ordinary disease of life degenerative changes noted in the cervical spine. The MRI indicated multiple level disc bulges, the date of injury is nearly 3 years old and the EMG findings are acute. There is a clear clinical indication to support this injection to treat this unrelated clinical etiology. Therefore, the request is not medically necessary.

Prilosec: Upheld

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

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): 68.

Decision rationale: As outlined in the MTUS, this is a protein pump inhibitor use the treatment of gastroesophageal reflux disease (GERD) or as a gastric protectant. There is no indication of any symptomology relative to gastroesophageal disease. There are no findings in the physical examination demonstrating any type of distress. Furthermore, the medication profile does not note any non-steroidal medications. The medical necessity of this preparation is not been established. Therefore, the request is not medically necessary.

Meloxicam: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 72.

Decision rationale: This is a non-steroidal anti-inflammatory medication used in the treatment of osteoarthritis. As outlined in the MTUS, there is no acute clinical inflammatory processes noted. It is noted there is a radiculopathy listed as a diagnosis, however the pathology being addressed by this medication does not address that diagnosis. Therefore, based on the clinical fracture presented for review, the medical necessity for this anti-inflammatory is not presented. The request is not medically necessary.