

Case Number:	CM14-0054077		
Date Assigned:	08/01/2014	Date of Injury:	05/03/2012
Decision Date:	09/09/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/23/2014

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 57-year-old male was reportedly injured on May 3, 2012. The mechanism of injury was noted as a blunt force trauma to the upper body. The subdural hematoma was noted and required evacuation. The most recent progress note, dated April 18, 2014 indicated there were ongoing complaints of headache, dizziness, neck pain, shoulder pain, loss of coordination, and hearing problems. The physical examination demonstrated a 5 feet 7 inches, 125 pound male with a normal cervical spine examination. A slight range of motion loss of cervical spine was reported. Diagnostic imaging studies objectified a completely resolved subdural hematoma and there was no electro diagnostic evidence of a compressive neuropathy of the lower extremities. Previous treatment included surgical evacuation of the subdural hematoma, multiple medications, physical therapy and pain management techniques. A request was made for magnetic resonance imaging (MRI) the shoulder and Meloxicam and was not certified in the pre-authorization process on April 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15 mg #30 with 3 refills: 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): 72 of 127.

Decision rationale: The records reflect a mechanism of injury as a blunt force trauma several years ago. The sequelae of the trauma is noted to have resolved based on the imaging studies reviewed. The most recent narrative progress note indicates that this medication was to help with inflammation and pain and "not for headaches." The medical records do not identify any inflammatory process that would be addressed with this medication. Based on the physical examination, one does not see functional improvement relative to the cervical spine or shoulder over the last several months. Therefore, while noting there are no noted side effects, there is no noted efficacy with the utilization of this medication. This is reportedly not to be used for pain and there are no inflammatory processes objectified. Therefore, the medical necessity for this medication has not been established in the records reviewed.

MRI of left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: When noting the criterion for a magnetic resonance imaging (MRI) of the shoulder as outlined in the MTUS, comparing it to the mechanism of injury and physical examination reported as well as the findings noted with the previous MRI, there is insufficient data presented to establish the medical necessity for repeating this assessment. There is no worsening neurological dysfunction, and there is no physiological evidence of tissue insult or neurovascular damage at this time. Therefore, this request for MRI of left shoulder is not medically necessary.

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) cervical disorders (electronically cited).

Decision rationale: The criterion for obtaining an magnetic resonance imaging (MRI) of the cervical spine include acute cervical pain, progressive neurological deficit, significant trauma with no improvement, the neoplasm, or progressive changes. None of these parameters are noted in the progress notes presented for review. Therefore, with the requesting provider establishing that there are no neurological findings on physical examination, there doesn't appear to be a clear clinical reason to pursue this imaging study. Therefore, this request is not medically necessary.