

Case Number:	CM14-0055421		
Date Assigned:	07/07/2014	Date of Injury:	12/22/2012
Decision Date:	09/03/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain 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 45 year old male who had a work related injury on 12/22/12. The injured worker had been taking down items including tables and chairs following an event and setting up for another event when the injured worker was struck on the back of the head, neck and upper back by a large stack of falling chairs. The injured worker did have slight loss of consciousness and when he awoke, noted pain in the head and mid back as well as difficulty breathing. Diagnostic imaging and other therapies are listed as cervical x-rays undated which revealed gooseneck deformity, kyphotic deformity, C4-5 retrolisthesis and spondylitic changes at C3-T1; undated thoracic x-rays showed right sided high thoracic scoliosis and lipping of multiple mid-thoracic vertebrae; lumbar spine x-rays undated showed loss of lordosis right sided list, enlarged facets and left sided Berlotti's joint L5-S1, endplate irregularity at L3; MRI of the lumbar spine dated 04/23/13 documented small disc protrusions at L3-4, L4-5 and L5-S1 without neural compromise. Physical examination dated 03/25/14 noted he was quite quiet and somewhat somnolent. In an effort not to stir up the headaches, physical examination was not performed. The injured worker was diagnosed with status post closed head injury with brief loss of consciousness, traumatic cephalgia and dizziness, cervical spine sprain and strain, thoracic spine sprain and strain, and lumbar spine sprain and strain. Prior utilization review on 04/11/14 was non-certified. There were no clinical records submitted for review from the requesting provider. All clinical information was taken from the prior utilization review dated 04/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Tylenol #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Acetaminophen (APAP).

Decision rationale: The request for Urgent Tylenol #60 is not medically necessary. There were no clinical documents submitted from the requesting provider, as such, medical necessity has not been established.