

Case Number:	CM14-0064740		
Date Assigned:	07/11/2014	Date of Injury:	09/25/2003
Decision Date:	08/27/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/07/2014

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 injured worker is a 51-year-old female who was reportedly injured on September 25, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 12 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated a 5'4 194 pound individual with a well healed surgical incision and cervical spine muscle spasm and guarding. A decrease in cervical spine range of motion was reported. Diagnostic imaging studies objectified multiple level ordinary disease of life degenerative changes in the cervical spine and left shoulder. Previous treatment included cervical fusion surgery, injection therapies, multiple medications, and physical therapy. A request had been made for imaging study of the cervical spine and was not certified in the pre-authorization process on April 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT scan of the 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 Official Disability Guidelines, Neck and Upper Back (Acute & Chronic): Computed tomography (CT).

MAXIMUS guideline: Decision based on MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Diagnostic Investigations.

Decision rationale: As noted in the guidelines, the purpose of a computed tomography scan is limited to specific situations. In this particular case, the progress note indicated that the location of protrusion is the purpose. Therefore, there is no clear clinical indication presented to support the medical necessity of this request.

1 treatment with a urologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scottish Intercollegiate Guidelines Network (SIGN). Management of urinary incontinence in primary care. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2004 Dec. 41 p.

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) chapter 7-independent medical evaluations, page 127.

Decision rationale: A progress report indicated that there was a followup with a neurologist. However, there were no records as to the nature of the followup nor was there documentation of the purpose of this service or the relative efficacy of such intervention. It was noted that there was a bladder incontinence, but there was no data presented on that. Therefore, there is insufficient clinical information presented to support the medical necessity of such a consultation.

1 home cervical over the door traction unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic): Traction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the guidelines, there was no high-grade scientific evidence to support the effectiveness or ineffectiveness of such passive modalities. In addition, it would appear that such an intervention has been ongoing and there was no documented positive effect. Therefore, without documentation regarding efficacy and no literature to support this intervention, the guidelines indicate that there is insufficient necessity for this request.

1 prescription of Tramasetron (Tramadol 10mg, Acetaminophen 325mg, Ondansetron 2mg) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Acetaminophen (APAP). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Tramadol/Acetaminophen; Ondansetron.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,113.

Decision rationale: This medication is a centrally acting synthetic opioid and is not recommended for first-line intervention. When noting the date of injury and treatment to date, there was no clinical indication presented that this medication has any documented efficacy or utility as the pain complaints are ongoing. There was no increase in functionality documented, and the physical examination was unchanged. Therefore, the medical necessity for this medication has not been established.

1 prescription of Flurbitac (Flurbiprofen/Ranitidine) 100/100mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Flurbiprofen (source unclear); University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2007 Jan. 10 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, "use of such medications are largely experimental, and that any combination preparation, that contains one medication, that is not clinically indicated, would invalidate the entire preparation." There was no clinical indication for a topical nonsteroidal based on the surgery completed along with the findings noted on physical examination and imaging studies. Therefore, this is not clinically indicated or medically necessary.