

Case Number:	CM14-0077585		
Date Assigned:	08/04/2014	Date of Injury:	08/12/2010
Decision Date:	09/22/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 32-year-old male who reported injury on 08/12/2010. The mechanism of injury was the injured worker was cleaning rails at the Laundromat and the rails required the injured worker to work from a scissor lift in order to reach the rail with a pressure gun. The injured worker could no longer reach the rail and attempted to lower the scissor lift in order to reposition himself and in doing so the scissor lift jammed and as a result the injured worker fell approximately 20 feet to 25 feet, landing on his right hemithorax, right upper extremity and chest. The injured worker was diagnosed with an open right elbow fracture, right cuboid and right cuneiform fracture. The injured worker underwent x-rays. The injured worker underwent surgical intervention for his right elbow. The injured worker had an MRI of the cervical spine and a CT of the chest, abdomen, cervical spine and head. Prior treatments included physical therapy and extracorporeal shock wave therapy. The injured worker had a Dynasplint. The injured worker had an EMG, an MRI of the right knee, right ankle and right foot. The injured worker underwent an MRI of the lumbar spine. There were multiple Requests for Authorizations submitted for these requests. The examination of 03/05/2014 revealed the injured worker had complaints of pain and discomfort in the cervical spine that was described as sharp, stingy, pins and needles and burning in nature. The diagnoses were noted to include right elbow pain, right shoulder pain, chronic pain, lumbar facet arthropathy and lumbar radiculitis, as well as status post right elbow surgery times 4. The treatment plan included an updated MRI of the cervical spine, updated MRI of the lumbar spine, occupational therapy 3 times a week for 8 to 12 visits, an interferential unit, a lumbar brace to improve stability, a random urine drug screen and a refill of Norco 10/325 mg #60 one every 6 to 8 hours as needed for pain with 2 refills, Prilosec 20 mg #30 one by mouth daily twice a day with 2 refills, Ambien 10 mg #30 one by mouth at bedtime

as a sleep aid with 2 refills and Zanaflex 4 mg #30 one by mouth at bedtime for symptomatic relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 167, 300, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: The California MTUS Guidelines recommend an interferential unit as an adjunct to other evidence based therapies. The clinical documentation submitted for review failed to provide a documented rationale to include the injured worker would be utilizing the unit as an adjunct to evidence based therapy. The request, as submitted, failed to indicate the duration and whether the unit was for rental or purchase. Given the above, the request for 1 Interferential Unit is not medically necessary.

1 Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review indicated the request was made for support and stability. However, there was a lack of documentation indicating the injured worker had instability upon physical examination. Given the above, the request for 1 Lumbar Brace is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker was utilizing the medication. However, the duration of use could not be established. The request, as submitted, failed to indicate the frequency and the efficacy for the requested medication. Given the above, the request for Prilosec 20 mg #30 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 Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Magnetic Resonance Imaging (MRI).

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is recommended when there is a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker was in need of an updated MRI of the cervical spine and lumbar spine. There was a lack of documentation indicating the injured worker had a significant change in symptoms or objective findings. Given the above, the request for MRI of the Cervical Spine is not medically necessary.

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Magnetic Resonance Imaging, (MRI).

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is recommended when there is a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker was in need of an updated MRI of the cervical spine and lumbar spine. There was a lack of documentation indicating the injured worker had a significant change in symptoms or objective findings. Given the above, the request for MRI of the Lumbar Spine is not medically necessary.

12 Occupational Therapy Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend that physical medicine treatment is recommended for myalgia and myositis for 9 to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy. There was a lack of documentation indicating objective functional deficits to support the necessity for supervised therapy. There was a lack of documentation indicating the quantity of sessions previously attended. The request, as submitted, failed to indicate the body part to be treated with occupational therapy. Given the above, the request for 12 Occupational Therapy Visits is not medically necessary.