

Case Number:	CM14-0082651		
Date Assigned:	07/21/2014	Date of Injury:	05/05/2005
Decision Date:	09/16/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/04/2014

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 injured worker is a 54-year-old female who was reportedly injured on May 5, 2005. The mechanism of injury was noted as pulling pins on a tandem. The most recent progress note dated March 6, 2014, indicated that there were ongoing complaints of low back pain and neck pain. The physical examination demonstrated spasms and painful range of motion of the lumbar spine. There was a normal lower extremity neurological examination. Trigger point injections were provided. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included multiple lumbar spine fusion surgeries and trigger point injections. A request was made for Soma, Norco, x-ray of the cervical spine and a follow up visit. And was not certified in the pre-authorization process on May 5, 2014.10019

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up Visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Specialty Societies and other national organizations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation), Low Back - Lumbar and Thoracic, Office Visits, Updated August 22, 2014.

Decision rationale: As the accompanying request for cervical spine x-ray has been determined to be medically necessary, so is this request for a followup visit to review these x-ray results is medically necessary.

X-rays and MRI of the Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citations (ODG), Neck and Upper Back, X-Rays, Updated August 4, 2014.

Decision rationale: According to the medical record, the injured employee was stated to have new and increasing cervical spine pain. Considering this, this request for an x-ray of the cervical spine is medically necessary.

Soma 350mg: Overturned

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) Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: According to the physical examination on the most recent progress note dated March 6, 2014, lumbar spine spasms were noted. Considering this, the request for Soma is medically necessary.

Norco 10/325MG: 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 . 9792.20 - 9792.26; Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.