

Case Number:	CM14-0089696		
Date Assigned:	08/06/2014	Date of Injury:	12/09/2013
Decision Date:	09/17/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/13/2014

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 Illinois. 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 with a reported injury on 12/09/2013. The mechanism of injury occurred when the injured worker was hit by a ball between her eyes. Her diagnoses included discogenic condition with facet inflammation, shoulder girdle involvement, headaches, and bilateral radiculopathy left greater than right and facial contusion. The injured worker has had previous physical therapy sessions, although the efficacy of that treatment was not provided. There were no other previous treatments provided such as home exercise program or the use of conservative methods. The injured worker did have an EMG/NCS on 07/10/2014, which revealed a normal study. There was no evidence of neuropathy at the wrist or at the elbow and there was no evidence of cervical radiculopathy. There was no evidence for motor sensory polyneuropathy found. The injured worker had an evaluation 06/06/2014. She complained of pain and tingling in her neck and right arm that was intermittent. The neck pain radiated to the head causing headaches on a daily basis. She rated her pain at level of 8/10. There was not a physical examination provided, regarding motor strength reflexes, there were no deficits documented. There were not objective findings of radiculopathy. The injured worker has also had an examination, more recently on 07/15/2014, which revealed that neck flexion was 25 degrees and extension was 15 degrees. There were no other changes in her examination from the previous one on 06/06/2014. The list of medications included Tramadol, Naproxen, Neurontin and Protonix. The recommended plan of treatment is for her to have an MRI of the brain and the cervical spine, a cervical collar and a neck pillow and to refill her medications Tramadol, Naproxen, Neurontin and Protonix. The Request for Authorization was signed and dated for 06/09/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Head, MRI.

Decision rationale: The request for the MRI of the brain is not medically necessary. The Official Disability Guidelines recommend an MRI of the brain to determine neurological deficits not explained by a CT scan, to evaluate prolonged interval of disturbed consciousness and to define evidence of acute changes superimposed on previous trauma or disease. There is no evidence that the injured worker has experienced disturbed consciousness or has evidence of acute changes. There is no evidence of neurological deficits upon examination and there is not a previous CT scan to be reviewed. The clinical information does not meet the evidence based guidelines for the request. Therefore, the request for the MRI of the brain is not medically necessary.

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines recommend an MRI of the neck if physiological evidence indicates tissue insult or nerve impairment. There is no evidence of tissue insult or nerve impairment. There is no neurological examination provided. There is an EMG and nerve conduction study done that did not show neurological deficits. Therefore, there is a lack of evidence to support the need for an MRI of the cervical spine. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for the MRI of the cervical spine is not medically necessary.

Protonix 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular complaints Page(s): 68.

Decision rationale: The request for the Protonix 20mg #30 is not medically necessary. The California MTUS Guidelines recommend the use of a proton pump inhibitor for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence that the injured worker has had any gastrointestinal events or has had any complaints of gastrointestinal upset. There is no indication that the injured worker has a history of a perforation, peptic ulcer or gastrointestinal bleed and she is not concurrently using aspirin, corticosteroids or anticoagulants. She is not on a high dose NSAID or taking multiple doses of NSAIDs. There is a lack of documentation indicating the injured worker has significant objective improvement with the medication. There is a lack of evidence to support the number of 30 pills without further evaluation and assessment. Furthermore, the request does not specify directions as far as frequency and duration of the medication. The clinical information fails to meet the evidence based guidelines for the request for Protonix. Therefore, the request for the Protonix 20 mg #30 is not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The request for the TENS unit is not medically necessary. The California MTUS Guidelines do not recommend the use of a TENS unit as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option in adjunct to a program of evidence based functional restoration. There is a lack of evidence that there has been a one month trial of a TENS unit with documentation of the efficacy of the unit and information detailing the usage of the unit. There was no evidence of a functional restoration. There is a lack of evidence of functional deficits and/or improvements. Furthermore, the injured worker received a TENS unit on 06/06/2014. There is no indication that the injured worker would require replacement of the unit. Therefore, the request for the TENS unit is not medically necessary.

Cervical Collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Neck and Upper Back (Last Updated 4/14/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Neck and upper back, Collars.

Decision rationale: The Official Disability Guidelines recommend a cervical collar for patients that are diagnosed with whiplash associated disorders or other related acute neck disorders to facilitate recovery. Collars are frequently used after surgical procedures and in the emergent setting following suspected trauma to the neck. There is no evidence of acute trauma and there is no evidence of a recent surgery to the neck. There is no evidence to support the medical necessity of a cervical collar. The requesting physician's rationale for the request is not indicated within the provided documentation. The clinical information fails to meet the evidence based guidelines for this request. Therefore, the request is not medically necessary.

Neck Pillow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Neck and upper back, Pillow.

Decision rationale: The request for a neck pillow is not medically necessary. The Official Disability Guidelines recommend the use of a pillow for neck support while sleeping in conjunction with daily exercise. The guidelines also suggest that with chronic neck pain, that this should be treated by health professionals trained to teach both exercise and the appropriate use of a support pillow during sleep. There is a lack of evidence that the injured worker is on a daily exercise program and there is a lack of evidence to support the medical necessity of a neck pillow. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, request for a neck pillow not medically necessary.