MAXIMUS Federal Services

Case Number:	CM14-0189827		
Date Assigned:	11/20/2014	Date of Injury:	06/16/2003
Decision Date:	01/15/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/13/2014

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 & 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 date of injury in this case is 06/13/2003. The date of the utilization review under appeal is 10/29/2014. The patient's diagnoses include cervical facet arthrosis, cervical discogenic disease with radiculopathy, chronic cervical sprain, lumbar discogenic disease, lumbar facet arthrosis, and erectile dysfunction. On 10/01/2014, the patient was seen by [redacted] with chief complaint of chronic cervical spine pain, low back pain, and multiple internal medicine complaints. The patient reported continued pain in the lumbar and cervical spine. The patient was noted to have previously had approximately 70% relief of his pain with lumbar facet blocks and cervical facet blocks for 3-4 months. He had been out of his Genocin which helped with his joint pain. On exam the patient had pain to palpation over the C4-C7 facet joints and pain with axillar compression. Physical exam was notable for "C5-C7 radiculopathy bilaterally," although details were not provided. The patient had decreased motion of the lumbar facets. The plan included lumbar corset and updated cervical and lumbar MRI due to increased pain as well as a prescription for Dexilant for reflux, with the comment that there were no red flag warnings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: 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 Magnetic Resonance Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: ACOEM guidelines, Chapter 8, neck, page 182, recommends MRI imaging to validate the diagnosis of nerve root compromise based on clear history and physical exam findings. The medical records in this case do not clearly indicate any changes in the neurological exam. Overall, the records and guidelines do not provide a rationale to support a repeat cervical MRI. This request is not medically necessary.

MRI of the lumbar spine: 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 Magnetic Resonance Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: ACOEM guidelines, Chapter 12, low back, page 309, recommends MRI imaging of the lumbar spine when there are red flag factors identified on exam. There is very limited neurological examination data provided. Overall, the records do not provide a basis to support an indication for repeat lumbar MRI. This request is not medically necessary.

Dexilant 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, page 68, recommends gastrointestinal prophylaxis if a patient is at risk for gastrointestinal events. The medical records in this case briefly mention reflux, but it is not clear if the patient currently has reflux, the efficacy of this medication in such treatment, nor any other clinical details regarding that statement. Overall, the medical records and guidelines do not support the request for Dexilant. This request is not medically necessary.