

Case Number:	CM15-0003355		
Date Assigned:	01/15/2015	Date of Injury:	11/18/2012
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female who reported an injury on 11/18/2012. The mechanism of injury was not provided. Her diagnoses were noted as migraine headache, GERD, sciatica right side, chronic pharyngitis, chronic laryngitis, cervicgia, panic attacks, hypovitaminosis D, and carpal tunnel syndrome. Her past treatments were noted to include medication and home exercise program. Her diagnostic studies and surgical history were noncontributory. During the assessment on 12/20/2014, the injured worker complained of having bloating, burning, nausea for the last week and a half. She complained of increased fatigue. She also complained of significant nausea after eating. The injured worker indicated that she had been experiencing sensitivity to light with mild disequilibrium intermittently. The physical examination revealed the abdomen was soft, with tenderness epigastric and diffusely around the colon. Murphy's sign was negative, with no significant tenderness at McBurney's or rebound tenderness. Her medications were noted to include Xanax 0.5 mg, Prilosec 20 mg, Lexapro 10 mg, Ativan 1 mg, Zantac 300 mg, and trazodone 50 mg. The treatment plan and rationale was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for MRI of the left shoulder is not medically necessary. The California MTUS/ACOEM Guidelines indicate the criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The clinical documentation did not indicate that there were any red flags or physiologic evidence of tissue insult or neurovascular dysfunction. There was no indication that the injured worker failed to progress in a strengthening program intended to avoid surgery or needed clarification of the anatomy prior to an invasive procedure. Furthermore, the rationale for the request was not provided. Given the above, the request is not medically necessary.

Repeat Upper extremity Neurodiagnostic testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back, Nerve conduction studies (NCS)

Decision rationale: The request for repeat upper extremity neurodiagnostic testing is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. The clinical documentation did not indicate that the injured worker complained of any radicular pain. The previous upper extremity neurodiagnostic test was not provided for review. Furthermore, the rationale for the request was not provided. Given the above, the request is not medically necessary.

Naproxen Sodium 550 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAISs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for naproxen sodium 550 mg # 90 is not medically necessary. The California MTUS Guidelines state that naproxen sodium is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of signs and symptoms of osteoarthritis, and they recommend the

lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation did not indicate when the injured worker was noted to begin taking naproxen sodium 550 mg. Furthermore, the rationale for the request was not provided. As such, the ongoing use of naproxen sodium 550 mg is not supported. Given the above, the request is not medically necessary.