MAXIMUS Federal Services

Case Number:	CM15-0008089		
Date Assigned:	04/10/2015	Date of Injury:	10/05/2010
Decision Date:	05/01/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	01/14/2015

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
Certification(s)/Specialty: Emergency Medicine

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 male, who sustained an industrial injury on 10/05/10. He reported chronic neck pain with radiation to the bilateral upper extremities. The injured worker was diagnosed as having cervical radiculopathy. Treatment to date has included a cervical spine epidural steroid injection with 50% improvement in pain that was temporary and medication. A MRI performed on 12/13/10 revealed degenerative changes at C5-6 with anterior osteophyte formation and posterior central and right paracentral disc protrusion which contacts the cord but does not deform or displace the cord. A posterior central disc protrusion at C6-7 was noted to contact the cord but did not deform or displace the cord. Currently, the injured worker complains of neck pain with radiation to the upper extremities. Weakness and numbness was also noted. The treating physician requested authorization for 1 MRI of the right shoulder and Tylenol No. 3 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): (s) 208-209.

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

Decision rationale: The requested MRI of the right shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligamental instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has neck pain with radiation to the upper extremities. Weakness and numbness was also noted. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria noted above not having been met, MRI of the right shoulder is not medically necessary.

Tylenol #3, quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-GoingManagement, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Tylenol #3, quantity 60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain with radiation to the upper extremities. Weakness and numbness was also noted. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Tylenol #3, quantity 60 is not medically necessary.