

Case Number:	CM15-0102630		
Date Assigned:	06/05/2015	Date of Injury:	03/28/2009
Decision Date:	07/09/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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: New York, West Virginia,
 Pennsylvania 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:

This 61 year old woman sustained an industrial injury on 3/28/2009. The mechanism of injury is not detailed. Diagnoses include cervical disc herniation, bilateral upper extremity overuse tendinopathy, lumbar hyperextension/hyperflexion, depression, right wrist strain and tendinitis, and left knee contusion. Treatment has included oral medications and chiropractic treatment. Physician notes dated 4/6/2015 show complaints of neck pain rated 7/10 and worsening low back pain rated 10/10. Recommendations include ergonomic work chair, modified work duty, mobility scooter, chiropractic therapy, Norco, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobility scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Comp.

Decision rationale: Guidelines do not recommend power mobility devices if the functional mobility device can be resolved by the prescription of a cane or walker or if the patient has sufficient upper extremity function to propel a manual wheelchair. In this case, the documentation provided does not provide rationale as to why the patient could not be given a walking aid. The request for motorized scooter is not medically appropriate and necessary.

MRI (magnetic resonance imaging) scan of the Lumbar Spine, seated: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter, MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

Decision rationale: Guidelines state lumbar spine MRI if there is evidence of specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. If the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before MRI and after 3 months of conservative treatments have failed. In this case, the injury occurred in April 2014 and there is no evidence of nerve dysfunction, red flags for which repeat imaging would be appropriate. The request for MRI lumbar spine is not medically appropriate and necessary.

Norco 10/325 mg, one by mouth every 6 hrs, with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking narcotics long term without evidence of significant benefit in pain or function to support long-term use. The request for Norco 10/325 mg #60 is not medically appropriate and necessary.