

Case Number:	CM15-0109346		
Date Assigned:	06/15/2015	Date of Injury:	05/01/2009
Decision Date:	07/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/05/2015

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(n) 60 year old male, who sustained an industrial injury on 5/1/09. He reported pain in his neck and left side after falling off a ladder. The injured worker was diagnosed as having cervical radicular syndrome and degenerative joint disease of the cervical spine with protrusion at C3-C4, C4-C5, C5-C6 and C6-C7. Treatment to date has included physical therapy, an EMG/NCS of the bilateral upper extremities, a TENs unit and oral pain medications including Norco since at least 12/30/14. As of the PR2 dated 4/9/15, the injured worker reports pain in his cervical spine. Objective findings include cervical flexion is 20 degrees, extension 30 degrees, right lateral bending is 20 degrees and left lateral bending is 30 degrees. The treating physician requested a cervical spine x-ray and Norco 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 x-ray of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8, 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. Patient already has known neck pathology with MRI done in 2010 and 2013. Symptoms and exam is unchanged from baseline. Pain and symptoms are chronic with an exacerbation in pain due to increased activity. Provider has failed to justify how x-ray will change management. X-ray of cervical spine is not supported by documentation. The request is not medically necessary.

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Pt has been taking Norco intermittently and chronically and there is no documentation of any functional benefit or improvement in pain. Provider has failed to appropriately screen patient for side effects or risk for abuse. Lack of documentation required by MTUS does not support Norco prescription. The request is not medically necessary.