MAXIMUS Federal Services

Case Number:	CM15-0109369		
Date Assigned:	06/16/2015	Date of Injury:	04/18/2012
Decision Date:	07/14/2015	UR Denial Date:	04/30/2015
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: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 04/18/2012. He reported anxiety and pain in his left upper back. Treatment to date has included medications, psychotherapy, chiropractic care and physical therapy. According to a progress report dated 04/03/2015, subjective complaints included neck pain, lower back pain and weakness of the bilateral and lower extremities. Objective findings included decreased strength in the bilateral upper and lower extremities in all the muscle groups and atrophy of the interosseous muscles, bilateral hands, right worse than left. Diagnoses included spinal cord injury with status post corpectomy and fusion cervical spine, cervical spine discogenic pain, lumbar spine discogenic pain and stress and depression. The treatment plan included a refill on Fleet enemas and Ambien and a prescription for a wheelchair seat cushion. He was to follow-up on an as needed basis. Currently under review is the request for Fleet enema #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fleet enema, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioid-Induced Constipation Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.knowyourback.org/ documents/ cerv_myelopathy.pdf.

Decision rationale: MTUS Guidelines so not address this specific issue. It is clearly documented that this individual has myelopathy with residual weakness and hyper-reflexia prior and after cervical surgery. It is also common knowledge that this is frequently associated with difficult to treat constipation. Even though recent narratives from the treating orthopedist do not document constipation on each visit, it is reasonable to assume that the medical need for the enamas are due to the spinal cord injury. Under these circumstances, the Fleet enema #30 is medically necessary.