

Case Number:	CM15-0019390		
Date Assigned:	02/09/2015	Date of Injury:	12/11/2013
Decision Date:	04/03/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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: 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 29-year-old male who reported an injury on 12/11/2013 due to a motor vehicle accident. On 01/08/2015, he presented for a follow-up evaluation regarding his work related injury. He reported persistent cervical spine pain including left arm pain that radiated into the elbow. A physical examination of the cervical spine showed tenderness in the right posterior aspect of his neck and 30% restriction of extension with severe pain. There was 10% restriction of flexion and rotation and left cervical rotation ignited a positive Spurling's. There was also tenderness and tightness across the lumbosacral area with 60% restriction of flexion with hypoesthesias to the bilateral buttock area and 10% restriction of extension and hypoesthesias and dysthesias in the posterior thighs and calves also in the left anterior shin. He had a positive straight leg raise on the left and 5/5 strength in all motor groups. He also had a depressed ankle reflex at a 1 on the left and a +1 on the right. He was diagnosed with lumbosacral degenerative disc disease, lumbar radiculopathy with possible L4 nerve root impingement, possible cervical degenerative disc disease, and lumbar facet osteoarthritis with possible thoracic degenerative disc disease. The treatment plan was for 1 neurosurgeon consultation, Norco 10/325 mg #110, and Ultram 50 mg #60. The rationale for treatment was to treat his flareup of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Neurosurgeon consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 296, 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits, Pain.

Decision rationale: The Official Disability Guidelines recommend office visits be determined by a review of the injured worker's signs and symptoms, clinical stability and reasonable physician judgment as well as their subjective complaints. The documentation provided does not state a clear rationale for the medical necessity of a referral for a neurosurgeon consultation. There was no indication that the injured worker was a candidate for surgery or that he was considering surgery which makes the request unclear. Therefore, the request is not supported. As such, the request is not medically necessary.

Norco 10/325mg #110: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to have a flare-up of his pain. However, there was a lack of documentation showing that he has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, official urine drug screens and CURES Reports were not provided for review to validate his compliance with this medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Ultram 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to have a flare-up of his pain. However, there was a lack of documentation showing that he has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, official urine drug screens and CURES Reports were not provided for review to validate his compliance with this medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.