

Case Number:	CM15-0141499		
Date Assigned:	07/31/2015	Date of Injury:	08/02/2012
Decision Date:	08/28/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, Florida, 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 63-year-old female, who sustained an industrial injury on August 2, 2012. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having lumbosacral disc degeneration, cervical disc displacement and shoulder impingement syndrome. Treatment to date has included medication. A progress note dated June 2, 2015 provides the injured worker complains of neck pain rated 7 out of 10 and radiating to bilateral upper extremities. She also reports back pain rated 3 out of 10 radiating to the right lower extremity. Physical exam notes positive Spurling's and tenderness to palpation. The plan includes pain management, ibuprofen, omeprazole and right wrist splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 124. 2nd edition, 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: This claimant was injured in 2012 with lumbosacral disc degeneration, cervical disc displacement and shoulder impingement syndrome. Treatment to date has included medication. As of June 2015, there is still neck pain rated 7 out of 10 and radiating to bilateral upper extremities. No significant wrist issues are delineated in the notes. No gastrointestinal issues are noted. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.

Omeprazole DR 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As shared, this claimant was injured in 2012 with lumbosacral disc degeneration, cervical disc displacement and shoulder impingement syndrome. Treatment to date has included medication. As of June 2015, there is still neck pain rated 7 out of 10 and radiating to bilateral upper extremities. No significant wrist issues are delineated in the notes. No gastrointestinal issues are noted. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately not medically necessary based on MTUS guideline review.

Right wrist spice: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 13th edition, 2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 11, page 264.

Decision rationale: This claimant was injured in 2012 with lumbosacral disc degeneration, cervical disc displacement and shoulder impingement syndrome. Treatment to date has included medication. As of June 2015, there is still neck pain rated 7 out of 10 and radiating to bilateral upper extremities. No significant wrist issues are delineated in the notes. No gastrointestinal issues are noted. The California MTUS-ACOEM guides, Chapter 11 for the Forearm, Wrist and Hand note, on page 263 that use of wrist splints primarily is for carpal tunnel syndrome. Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. I did not find the claimant had a condition supported for splinting under MTUS. The request was appropriately not medically necessary.