

Case Number:	CM15-0181629		
Date Assigned:	09/22/2015	Date of Injury:	02/04/2015
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/15/2015

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 38 year old male who sustained an industrial injury on 2-4-15 from a slip and fall. He is currently working full time. Diagnoses included back contusion; contusion of left lower leg; contusion of left shoulder; left pectoralis muscle rupture; spondylolisthesis; radiculopathy lumbar or thoracic spine; lumbosacral sprain. He currently (8-25-15) complains of constant lower back pain that has not improved. His pain level is 4 out of 10 with medication and 5 out of 10 without medication. His initial pain level regarding the back was 3 out of 10 with medication and 8 out of 10 without medication (2-11-15). Currently, on physical exam his left shoulder has improved range of motion and preserved hand function; back exam revealed slightly decreased range of motion with forward flexion and extension. He had an orthopedic consult for the left shoulder on 3-30-15, surgery was recommended, he had surgery on 5-12-15 and per the 7-23-15 note he has no pain and improved range of motion in the left shoulder and is 2 ½ months post-operative shoulder surgery. Diagnostics included x-ray of the left shoulder (2-4-15) essentially negative; x-ray of the tibia-fibula (2-4-15) negative; lumbar spine x-ray (2-4-15) spondylolisthesis; thoracic spine x-ray (2-4-15) negative; MRI of the left shoulder (3-12-15) showing probable tendinosis; MRI of anterior chest wall (4-20-15) unremarkable; MRI of the lumbar spine (7-6-15) showing anteriolisthesis and bilateral neural foraminal stenosis with encroachment on Lumbar nerve root. Treatments to date include physical therapy for lumbar stability with improvement; status post left pectoralis major sternal head partial repair (5-12-15); right L4-5 transforaminal epidural steroid injection (8-4-15) with no benefit; medication: ibuprofen with pain relief. A request for authorization for neurosurgery-orthopedic spine specialist and ibuprofen 800mg #90 was requested on 8-25-15. On 9-3-15, Utilization Review evaluated and non-certified the request for neurosurgical consult based on ACOEM guidelines,

a prior orthopedic consult was certified and is pending and that consult can provide the necessary evaluation and treatment recommendations to aid in the diagnosis, prognosis and therapeutic management; ibuprofen 800mg #90 was modified to #45 with a goal to discontinue the medication based on the medication being used for an extended time period (MTUS indicated the shortest time period) with only minimal improvement in pain and no documentation of improvement in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon consultation for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, 2nd edition, page 127.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: Review indicates a recent request for orthopedic spine consultation was authorized on 8/31/15 with report pending. There is no indication beyond any extenuating circumstances for another consult involving the lumbar spine. Medical necessity has not been established nor has findings met criteria for another surgical consult per MTUS Medical Treatment Guidelines. MTUS Guidelines clearly notes that injured workers must have clear clinical findings with imaging correlation consistent with a surgical lesion to support for 2nd opinion consultation. Submitted reports have not demonstrated any change or new surgical lesion or indication for a second surgical consult when the patient is without red-flag conditions, or deteriorating function with limiting ADLs amenable to surgical intervention. Examination has no acute findings, new injury, or specific progressive neurological deficits to render surgical second opinion treatment nor is there any current significant emergent surgical failed conservative care noting medication and therapy provided benefit. The Neurosurgeon consultation for the lumbar spine is not medically necessary or appropriate.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional

efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Ibuprofen 800mg #90 is not medically necessary or appropriate.