MAXIMUS Federal Services

Case Number:	CM15-0033385		
Date Assigned:	02/26/2015	Date of Injury:	07/10/2014
Decision Date:	04/08/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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 40-year-old male who reported an injury on 07/10/2014. The mechanism of injury occurred during a physical altercation with a special needs client. Past treatments included medications, work modification, cervical collar, left wrist/thumb splint, and physical/ occupational therapy. His diagnoses include sprain of the neck, left wrist sprain, DeQuervains, left thumb sprain, and chronic pain. On 01/23/2015, the injured worker complained of cervical sprain with associated weakness. The injured worker also complained of lumbar spine pain and right foot plantar fasciitis pain. The injured worker also noted thoracic spine pain, pain in the hand, and sexual dysfunction. The physical examination revealed decreased range of motion in the right shoulder. The physical examination revealed improved shoulder range of motion in the right shoulder, and in the cervical spine. The pain level was rated at a 3/10 in the right shoulder, and 7/10 in the cervical spine. The injured worker was indicated to have been discharged from physical therapy upon examination. The treatment plan included a cervical MRI and Norco. A rationale was not provided. A Request for Authorization form was submitted on 01/29/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178; 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: According to the California MTUS/ACOEM Guidelines, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The guidelines also recommend the emergence of a red flag and physiologic evidence of tissue insult, neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure for ordering imaging studies. The injured worker was indicated to have had physical therapy and was discharged due to improved functional deficits to include motor strength and range of motion. However, there was a lack of documented evidence of tissue insult or neurologic dysfunction upon physical examination to warrant a cervical MRI. As such, the request is not supported by the evidence based guidelines and is not medically necessary.

Norco 10/325 mg BID QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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

Decision rationale: According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. A weaning schedule is recommended for implementation due to long term use of Norco. The clinical documentation did not reveal clinical information related to the use of Norco. There was a lack of documentation in regard to objective functional improvement and objective decrease in pain with medication use. There was also a lack of documentation in regard to evidence of monitoring for side effects and aberrant drug related behaviors. Based on the above, the request is not supported by the evidence based guidelines. As such, this request is not medically necessary.