

Case Number:	CM15-0039117		
Date Assigned:	03/09/2015	Date of Injury:	08/08/2007
Decision Date:	04/24/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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 74 year old female, who sustained an industrial injury on 08/08/2007. She has reported subsequent neck pain and headaches and was diagnosed with cervicogenic headaches, right cervical radicular symptoms and status post C5-C7 anterior cervical discectomy and fusion. Treatment to date has included oral pain medication, epidural injections and physical therapy. In a progress note dated 01/15/2015, the injured worker complained of increasing neck pain and numbness to the upper extremities. Objective findings were notable for guarding of the neck, decreased range of motion and muscle spasm. There is no documentation submitted that pertains to the current treatment request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Isometh/APAP cap Dicholor #60 with one refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/book/NBK45467>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Webb M.D., Midrin, uses and reviews.

Decision rationale: The injured worker is being treated for cervicogenic headaches and thoracic genic chest pain. She is status post cervical discectomy. Records indicate treatment interventions include physical therapy, plan for facet joint injections, gabapentin on a titrating dose, and a history of Midrin 1 capsule twice daily as needed. The most recent physical therapy note indicates improvement in headache severity and frequency. Midrin is clinically indicated for tension and migraine headaches, prophylactically to prevent headache progression. Request is being made for Midrin #60 with one refill. Record sufficiently support indicated diagnoses for as needed min Midrin. Patient apparently has better control of her headaches indicating effective treatment intervention. Therefore, the requests as written is medically necessary.