

Case Number:	CM15-0041742		
Date Assigned:	03/11/2015	Date of Injury:	07/01/2014
Decision Date:	04/22/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/05/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 was a 32 year old male, who sustained an industrial injury, July 1, 2014. The injury was sustained by being hit in the head with a 100 pound pipe and loss of consciousness. The injured worker previously received the following treatments Norco, CT of the brain, CT of the Neck, x-rays, physical therapy, chiropractic services, home exercise program, Ibuprofen, EMG/NCV (electromyography/nerve conduction velocity studies) of the upper extremities, bilateral carpal tunnel syndrome, Tylenol #3 and neurology consultation. The injured worker was diagnosed with cervical spine strain/sprain, cervical radiculopathy, and head contusion. According to progress note of February 9, 2015, the injured workers chief complaint was neck pain, low back pain and bilateral shoulder pain. The pain level was 10 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted decreased range of motion of the cervical neck. There was tenderness in the paraspinal muscles and restricted range of motion. The treatment plan included neurology consultation, prescription for Tylenol #3, Ibuprofen, and return visit to the clinic in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Neurology evaluation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166 and 167.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck Page(s): 301-310.

Decision rationale: The medical records indicate neurologic symptoms of neck pain, back pain, radiculopathy, and contusion. MTUS supports specialty referral to aid the primary physician with diagnostic and management of conditions outside their area of specialty. Neurologic consultation is supported to provide primary treating physician with information for diagnosis, treatment and prognosis of neurologic findings. As such MTUS supports the referral for further opinion; therefore, this request is medically necessary.

1 prescription of Tylenol #3, Qty: 60 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: ODG guidelines support opioids for patients with persistent pain with functional gain demonstrated from use of opioids. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The medical records provided for review do not document ongoing functional benefit related to the therapy and indicate ongoing opioid mitigation process. As such the medical records provided for review do not support ongoing use of opioids.