

Case Number:	CM14-0123711		
Date Assigned:	09/10/2014	Date of Injury:	06/23/2010
Decision Date:	10/20/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45 year old male who sustained injuries to his left wrist and low back as a result of lifting a 90 pound bag of cement on 06/23/10. Records indicate that the injured worker sustained navicular fracture which went on to nonunion. He subsequently was taken to surgery on 03/24/11 and underwent an open reduction-internal fixation (ORIF) of the navicular bone. The injured worker reports that with rest his pain levels were 4/10 with activity it increases to 6-7/10. On physical examination, he is noted to have tenderness to palpation over the dorsum of the left wrist. On examination of the lumbar spine, there is full active range of motion, motor and sensory reflexes are intact. The record contains a utilization review determination dated 07/25/14 in which requests for Ultram 50mg #120, soft back brace, wrist splint, and psychiatric consultation were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Ultram 50mg #120 is not supported as medically necessary. The submitted clinical records indicate that the injured worker is 4 years post date of injury. He has received appropriate treatment which has included oral medications, surgical intervention, and physical therapy. The records do not provide subsidive data which indicates that the injured worker requires the use of opioid medications. Further, the record provides no documentation which establishes the use of opioids results in subsidive functional improvements. As such the medical necessity for continuation of this medication has not been established.

Soft back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (http://www.odg-twc.com/odgtwc/low_back.htm)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports.

Decision rationale: The request for a soft back brace is not supported as medically necessary. The submitted clinical records indicate that the injured worker has a normal lumbar examination. There is no documentation of instability in the clinical record. Further, the use of a soft back brace is not supported under the Official Disability Guidelines. As such, the medical necessity is not established.

Wrist splint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand and Wrist, Orthosis.

Decision rationale: The request for a wrist splint is not supported as medically necessary. The submitted clinical records provide no data which indicates that the injured worker would require a wrist brace. He is status post ORIF with good function of the left wrist. There is no objective data which would establish that the use of a left wrist brace provides substitutive functional benefits. As such, the medical necessity is not established.

Psychiatrist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 p. 127

Decision rationale: The request for a psychiatric evaluation is not supported as medically necessary. The submitted clinical records indicate that the injured worker is employed full time. There is no evidence of diagnostic testing establishing the presence of other depression or anxiety for which the injured worker would require evaluation of potential treatment.