

Case Number:	CM14-0181063		
Date Assigned:	11/06/2014	Date of Injury:	06/18/2014
Decision Date:	12/09/2014	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal 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 patient is a 43 year old male who had his worker comp injury on 6/18/14 and on that date was seen in the hospital and treated for laceration injury to the chest and head trauma. He had a negative CXR and head CT scan. On 7/8/14 he was noted to have left shoulder pain and PT was sought. On 10/1/14 he was again seen by his PCP and neck pain was noted that radiated to the left arm and a diagnosis of cervical radiculitis was made. MRI of the C spine, PT, and treatment with Naprosyn and Prilosec was ordered .Also; one functional capacity evaluation was sought. All of these were denied by the UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 MRI of the cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178.

Decision rationale: The MTUS states that most patients with true neck and upper back problems do well with conservative treatment within the first 3 to 4 weeks of injury and studies are not needed unless "red flag "symptoms exist indicating such pathology as tumor, infection, or

progressive neurological dysfunction. After this time period, evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program to avoid surgery, or clarification of anatomy in preparation for surgery are all rationales for imaging studies such as MRI. Physiological evidence of neurological pathology may be provided by physical exam, EMG studies, or bone scans. Equivocal findings on physical exam may provide justification for further exams such as EMG, NCV, or sensory evoked potential studies. Consultation with a specialist in the field may be beneficial prior to ordering an MRI. Recent evidence seems to indicate that MRI's may not be able to pick up cervical annular disk tears. Also, MRI's may diagnosis a finding that existed prior to the injury being treated and result in false positives findings and cause diagnostic confusion. Our patient had his initial injury more than 4 weeks prior to the request and also presented with physical evidence of nerve root dysfunction by noting that the pain radiated down to the arm. Therefore, the request is medically necessary.

Prospective request for 18 PT sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cervical Physical Therapy for intervertebral disc syndrome without myelopathy page 1032.

Decision rationale: The MTUS states that physical modality treatment for the neck should include specific exercises for the neck for ROM and strengthening. At home treatments should be initially cold packs and then later hot and or cold packs applied. Also, relaxation techniques and aerobic activities should be stressed. Lastly, one or two PT sessions should be allowed to provide education, counseling, and supervision of an at home exercise program. The ODG discusses PT treatment for cervical pain caused by an intervertebral disc problem without myelopathy. It states that medical treatment should be provided with 10 visits over an 8 week period, postop for discectomy should comprise 16 visits over an 8 week period, and lastly cervical fusion should be allowed 34 post op visits over 8 weeks. In the above discussed patient medical treatment of cervical radiculopathy is being sought and the MTUS allows for 2 PT visits to establish an at home program and the ODG allows for 10 visits over 8 weeks. Therefore, this request is not medically necessary.

Prospective request for 1 prescription of Naproxen Sodium 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medicine chapter Page(s): 67 and 69.

Decision rationale: The guidelines state that Naprosyn and NSAID's in general are indicated for acute exacerbation of pain and should be avoided in the treatment of chronic pain and should be a second line drug after the use of acetaminophen because of less side effects. NSAID's have been implicated in cardiac, GI, renal side effects and high blood pressure. A Cochrane study confirmed the above and a Maroon study stated that NSAID's may actually delay healing of all soft tissue if given on a chronic basis. There is no evidence presented that states that the patient was initially treated with Acetaminophen which is preferred and less toxic than NSAID's such as Naprosyn. Therefore, this request is not medically necessary.

Prospective request for 1 prescription of Omeprazole (Prilosec) 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medicine chapter Page(s): 68 and 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to date Topic 9718 and Version 134.0.

Decision rationale: Omeprazole or Prilosec is a PPI medicine which causes acid suppression in both basal and stimulated states. It is used to treat duodenal ulcers, gastric ulcers, symptomatic GERD, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis. Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough. Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAID's in a patient with either intermittent risk of a GI event or high risk of a GI event. It is also recommended that the lowest dose necessary of the NSAID be utilized. The patient above is not going to be treated with an NSAID and has not been shown to have any problem related to the worker comp claim that would be benefited by the use of Prilosec for treatment. Therefore, this request is not medically necessary.

Prospective request for 1 functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30 and 44.

Decision rationale: The chronic pain section states that the functional restoration program is utilized for chronic pain and is a medically directed interdisciplinary pain management program for chronic disabling musculoskeletal disorders which incorporates exercise and psychological treatment .A Cochrane study done showed that this type of program could improve function with lumbar pain. We also note that a patient needs to be motivated and that the therapy includes PT and occupational counseling. The patient was injured in June and has not yet received a coordinated program of treatment for his maladies. There is no evidence that the pain is

disabling. At this point it is premature to do a Functional Capacity Evaluation therefore, this request is not medically necessary.