

Case Number:	CM14-0080042		
Date Assigned:	08/06/2014	Date of Injury:	08/13/2013
Decision Date:	10/03/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 25 year old male was reportedly injured on August 13, 2013. The mechanism of injury is noted as work related activities (digging a trench with a pick). The most recent progress note, dated April 25, 2014, indicates that there are ongoing complaints of upper back pain. The physical examination demonstrated a 5'11", 210 pound individual noted to be hypertensive (124/105) well developed, well nourished, with a normal affect and a normal gait pattern, tenderness to palpation in the posterior aspect of the cervical spine, and a slightly reduced range of motion of the cervical spine, deep tendon reflexes are intact, strength is reported to be 2+/5, slight decrease of thoracic spine range of motion is also noted, and no specific neurologic findings are identified. Diagnostic imagings were not presented for review. Previous treatment includes physical therapy, acupuncture, multiple enhanced imaging studies, multiple medications and pain management interventions. A request was made for computerized range of motion testing and was not certified in the preauthorization process on May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized range of motion and muscle testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation neck chapter

Decision rationale: The parameters noted in the Official Disability Guidelines (ODG) were applied. As noted in the ODG, this is not recommended as there is no clinical indication for computerized studies. Simple office based range of motion assessment are clinically indicated. Therefore, there is no medical necessity for such a study.

MRI of bilateral scapulae: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic)

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) Cervical and Thoracic Spine Disorders-Diagnostic Investigations-MRI (Electronically Cited)

Decision rationale: When noting the reported mechanism of injury, tempered by the findings on the physical examination and that there is no narrative relative to plain films of the scapula; there is no clinical indication presented to establish the medical necessity of an MRI of the bilateral scapula.

MRI of the thoracic spine: Upheld

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

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) Cervical and Thoracic Spine Disorders-Diagnostic Investigations-MRI (Electronically Cited)

Decision rationale: The progress notes presented for review indicate that this studies have been completed however the narrative reports of not been obtained. Based on the physical examination noted tempered by the parameters outlined in the MTUS there is no acute pain or progressive neurologic deficit therefore, a repeat study would not be clinically indicated. There is no medical necessity.

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs 8 C.C.R. 9792.20 - 9792.26 Page(s): 30-34 OF 127.

Decision rationale: When noting the date of injury, the mechanism of injury, the findings on physical examination and the parameters outlined in the Medical Treatment Utilization Schedule (MTUS) there is no clinical indication for a functional restoration program at this time. This is a soft tissue myofascial strain type injury as there is no pathology objectified. Therefore, when noting the standards outlined in the MTUS tempered by the clinical examination reported the medical necessity has not been established.

Cyclobenzaprine 5mg, qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26Muscle relaxants Page(s): 41-64 OF 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of skeletal muscle relaxants for the short term treatment of pain, but advises against long term use. Given the claimant's date of injury and the current clinical physical examination presented, there is no clinical indication of an acute flare up of a musculoskeletal disorder that would require muscle relaxant type medications. This is not clinically indicated.

Diclofenac 75mg, qty 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 111 OF 127.

Decision rationale: Voltaren, Cataflam, Voltaren extended release (XR), Cambia (Diclofenac) is a nonselective nonsteroidal antiinflammatory drug (NSAID) not recommended for first line use due to its increased risk profile. Evidence based studies are available evidencing that diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a Cox 2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid Diclofenac as a first line nonsteroidal anti inflammatory medicationThere is no indication in the record that the claimant has failed a course of first line NSAID medications. In the absence of such documentation, recommendation is made for an alternate NSAID. Therefore, this request is not medically necessary.