MAXIMUS Federal Services

Case Number:	CM14-0093446		
Date Assigned:	07/25/2014	Date of Injury:	12/30/2013
Decision Date:	09/25/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 & 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 37 year old gentleman was reportedly injured on December 30, 2013. The mechanism of injury is noted as a fall from some rafters injuring the right side and head. The most recent progress note, dated May 27, 2014, indicates that there are ongoing complaints of right shoulder pain and low back pain. The physical examination demonstrated tenderness over the upper, middle, and lower paravertebral muscles of the cervical spine and the trapezius muscles, tenderness over the anterior aspect of the right shoulder as well as the acromioclavicular (AC) joint, positive impingement sign, range of motion of the right shoulder was slightly reduced, some slight patchy decreased sensation was noted at the right upper extremity at C6, lumbar spine noted tenderness and spasms over the paravertebral muscles, decreased lumbar spine range of motion with pain, and a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy and oral medications. A request was made for an MRI the lumbar spine, an MRI of the brain, Norco, and Protonix was not certified in the preauthorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the progress note dated May 27, 2014, there are no red flag signs or symptoms regarding the injured employees lumbar spine and there was a normal lower extremity neurological examination. Considering this, the request for an MRI the lumbar spine is not medically necessary.

MRI of brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines : MRI brain; recommends this imaging study to evaluate a prolonged interval of disturbed consciousness, to define evidence of acute changes super-imposed on previous trauma or disease, and to determine neurological deficits not explained by a CT. The patient has headaches, but there is no additional documentation indicating the medical necessity for this MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Magnetic Resonance Imaging, Updated August 11, 2014.

Decision rationale: The progress note dated May 27, 2014 does not indicate that there are any abnormalities relating to a closed head injury or concussion. There were no complaints of headaches or other signs or symptoms of the head injury. Considering this, the request for an MRI the brain is not medically necessary.

Protonix 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Protonix -proton-pump inhibitors for patients taking NSAIDs with documented GI distress symptoms and/or GI risk factors. There is no documentation of GI distress symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing nonsteroidal antiinflammatory medications. There is no indication in the record provided of a gastrointestinal (GI) disorder. Additionally, the injured employee does not have a significant risk factor for potential GI complications as outlined by the Medical Treatment Utilization Schedule (MTUS). Therefore, this request for Prilosec is not medically necessary.

Norco 2.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.