

Case Number:	CM14-0210015		
Date Assigned:	12/23/2014	Date of Injury:	04/24/2002
Decision Date:	03/04/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 38 year old female injured worker suffered and industrial injury on 4/22/2002. The diagnoses currently are cervical, thoracic and lumbar sprain/ strain. The treatments included chiropractic therapy, acupuncture therapy and physical therapy along with medications. On the visit of 11/5/2014 the provider noted the pain was 8/10 in the cervical thoracic and lumbar spine with the bilateral upper extremities of 7/10 pain and decreased range of motion. The visit on 11/18/2014 revealed tenderness of the cervical thoracic and lumbar spine with decreased range of motion. The UR decision on 12/11/2014 denied the request for Ibuprofen 600mg #60 as the NSAIDS are recommended only for the shortest period in patient with moderate to severe pain. There is an absence of documentation of medical necessity for neither long term use nor functional improvement. The MAGNETIC RESONANACE IMAGING without contrast for the cervical spine was denied as there was no documentation of radiculopathy on exam or progressive neurological deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60 no refills: Upheld

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

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

Decision rationale: The request for Ibuprofen is not medically necessary. As per MTUS guidelines, NSAIDs are recommended for short-term symptomatic relief of back pain. It is unclear by the chart when Ibuprofen was first started. MTUS guidelines state that NSAIDS may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and GI bleeding. The patient also does not have documented functional improvement. Therefore, the request is considered not medically necessary.

Closed 3.0 Tesla MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for a cervical spine MRI is medically unnecessary. According to MTUS guidelines, the criteria for ordering a cervical MRI include development of red flags, physiologic evidence of tissue insult or neurologic dysfunction, which the patient does not have according to records. Patient does not have any documented upper extremity neurological deficits requiring the use of an MRI. MRI carries the risk of false positives such as bulging discs which may not be the source of the pain. Therefore, the request is considered not medically necessary.