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| Case Number: | CM15-0007442 | | |
| Date Assigned: | 01/22/2015 | Date of Injury: | 05/07/2014 |
| Decision Date: | 03/20/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/13/2015 |

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old male who reported an injury on 05/07/2014. The mechanism of injury was not provided. His diagnoses include lumbosacral sprain, impingement syndrome of left shoulder, status post left shoulder arthroscopic rotator cuff repair, carpal tunnel syndrome of the left hand, ulnar nerve neuritis of the left hand, and musculoligamentous strain of the lumbar spine. Past treatments were noted to include medications and surgeries to the shoulder. On 12/03/2014, it was noted the injured worker had numbness to the left shoulder and increased pain due to the cold weather. It was also indicated that he had low back pain that radiated to his lower extremities. Upon physical examination, it was noted the injured worker had tenderness over the anterolateral aspect of the shoulder and tenderness over the medial epicondyle and palm. It was indicated there was also tenderness over the paraspinal muscles and a positive straight leg raise with decreased sensation over the S1 dermatome. Current medications were not included. The treatment plan was noted to include home exercise program and medications. A request was received for MRI of the lumbar spine without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back, Lumbar & Thoracic Chapter, MRIs (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to the California MTUS /ACOEM Guidelines, imaging studies are warranted for those with neurological deficits including decreased motor strength, decreased deep tendon reflexes, decreased sensation, and a positive straight leg raise who have not responded to treatment. The clinical documentation submitted for review indicated the injured worker had a positive straight leg raise and decreased sensation at the S1 dermatomal distribution. However, there was no documentation noting the failure of previous conservative care. Consequently, the request is not supported. As such, the request for MRI of the lumbar spine is not medically necessary.

Celebrex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: According to the California MTUS Guidelines, NSAIDs are recommended as an option for short term symptomatic relief for chronic low back pain. The guidelines also state that NSAIDs are no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The clinical documentation submitted for review did not indicate a primary line of treatment including acetaminophen nor did it indicate the efficacy of use to include pain relief and functional improvement with the use of this medication. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration and frequency of use. As such, the request for Celebrex 100 mg #60 is not medically necessary.