

Case Number:	CM15-0123735		
Date Assigned:	07/08/2015	Date of Injury:	05/16/2013
Decision Date:	09/29/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/26/2015

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: New York, California

Certification(s)/Specialty: Emergency Medicine

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 43 year old male who sustained an industrial injury on 5/16/13. The injured worker was diagnosed as having right ankle pain, left ankle sprain, status post right ankle Brostrom procedure, lumbar strain with disc herniation and right lower extremity radicular pain, left shoulder rotator cuff tear, stress and anxiety, abnormal nerve conduction study for left moderate compression of the median nerve and left moderate compression of the ulnar nerve per electrodiagnostic criteria (4/14/15). Currently, the injured worker was with complaints of pain in the mid back, lower back, left shoulder, left elbow, and left wrist, left hip and bilateral ankles. Previous treatments included injection therapy, physical therapy, medication management and status post right ankle Brostrom procedure. Previous diagnostic studies included radiographic studies, electrodiagnostic studies (4/14/15), nerve conduction studies, thoracic spine magnetic resonance imaging (2/13/15) revealing disc bulge with a 5 millimeter posterior right paracentral disc protrusion at T7-T8. The injured workers pain level was noted as 9/10. Physical examination was notable for tenderness to the lumbar and thoracic paraspinal muscles with lumbar spasms and decreased range of motion, antalgic gait pattern, left shoulder with decreased range of motion and decreased strength as well as tenderness over the acromioclavicular joint, right ankle with tenderness to palpation. The injured workers work status was noted as "not currently working." The plan of care was for a MRI (magnetic resonance imaging) of the left shoulder, Naprosyn 550 milligrams quantity of 60, Norco 10/325 milligrams quantity of 90, a follow up visit with specialist and an orthopedic consultation for the mid and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Minnesota Rules, Parameters for medical imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI Topic.

Decision rationale: The request is for a MRI (magnetic resonance imaging) of the left shoulder. The injured worker was with complaints of pain in the mid back, lower back, left shoulder, left elbow, and left wrist, left hip and bilateral ankles. CA MTUS was silent on the requested treatment, therefore ODG guidelines are referenced. Official Disability Guide guidelines, Low Back Chapter, MRI Topic, state that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Provider documentation dated 4/15/15 and 5/8/15 show no change or red flags in objective examination of the left shoulder. Of note, the PR-2s dated 3/12/15 and 5/24/15 do not include objective examination of the left shoulder. Provider documentation does not state a new injury, significant change in symptoms, neurologic deficits, or red flags to require an updated magnetic resonance imaging. As such, the request for a MRI (magnetic resonance imaging) of the left shoulder is not medically necessary.

Naprosyn 550 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - NSAIDs (non steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

Decision rationale: The request is for Naprosyn 550 milligrams quantity of 60. The injured worker was with complaints of pain in the mid back, lower back, left shoulder, left elbow, and left wrist, left hip and bilateral ankles. CA MTUS recommends the lowest dose NSAID for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. CA MTUS recommends NSAIDs as a second-line treatment after acetaminophen and as a short-term option. Provider documentation fails to provide the efficacy of the requested medication. There is a lack of

functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. As such, the request for Naprosyn 550 milligrams quantity of 60 is not medically necessary.

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The request is for Norco 10/325 milligrams quantity of 90. The injured worker was with complaints of pain in the mid back, lower back, left shoulder, left elbow, and left wrist, left hip and bilateral ankles. CA MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Additionally, a pain contract was not included in the provided documentation. As such, the request for Norco 10/325 milligrams quantity of 90 is not medically necessary.

Follow up visit with specialist: 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 - Evaluation & Management (E&M).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

Decision rationale: The request is for a follow up visit with specialist. The injured worker was with complaints of pain in the mid back, lower back, left shoulder, left elbow, and left wrist, left hip and bilateral ankles. Official Disability Guide (ODG) identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Provider documentation did not give documentation of a rationale identifying the medical necessity of the requested follow up visit with a specialist, there is no documentation that the diagnosis is uncertain or extremely complex, or that the plan or course of care may benefit from additional expertise. As such, the request for a follow up visit with specialist is not medically necessary.

Orthopedic consultation for Mid and Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

Decision rationale: The request is for an orthopedic consultation for the mid and low back. The injured worker was with complaints of pain in the mid back, lower back, left shoulder, left elbow, and left wrist, left hip and bilateral ankles. Official Disability Guide (ODG) identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Rationale identifying the medical necessity of the orthopedic consultation was not given; there is no documentation or diagnosis that is uncertain or extremely complex. As such, the request for an orthopedic consultation for the mid and low back is not medically necessary.