

Case Number:	CM15-0173071		
Date Assigned:	09/15/2015	Date of Injury:	07/04/2015
Decision Date:	10/14/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/02/2015

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: North Carolina
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 injured worker is a 62 year old male who sustained an industrial injury on 7-4-15. He had complaints of back pain. Progress report dated 8-10-15 reports continued complaints of back pain with radicular symptoms into the right leg with some numbness into his toes on the right foot. The pain is rated 4-6 out of 10. He continues with physical therapy with minor improvement. Diagnosis: lumbar radiculopathy and thoracic or lumbosacral neuritis or radiculitis. Plan of care includes: refer to neurosurgery and medications; cyclobenzaprine, hydrocodone, ibuprofen, methazolamide, prednisone and prolensa eye drops. Work status: may return on 8-10-15 with restrictions unable to push, pull, lift from floor, lift from waist, lift from overhead, carry, overhead reach, stoop, repetitive bending, walking frequent 50-75%, sitting continuous 75-100%, standing frequent 50-75%. Follow up on or around 9-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to neurosurgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2004 page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of back pain that have failed treatment by the primary treating physician. Therefore, criteria for a neurosurgery consult have been met and the request is medically necessary.

Retro Methazoladmidide 25mg DOS: 6.12.15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states that the requested medication is indicated in the treatment of glaucoma. The patient does not have a diagnosis of glaucoma due to industrial incident and therefore the request is not medically necessary.

Retro DOS: 6.22.15 Prolensa 0.07% eye drops: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, <http://www.ncbi.nlm.nih.gov/pubmed/19735215>.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states that the requested medication is indicated in the treatment of eye disorders requiring ocular NSAIDs. The patient does not have a diagnosis of ocular disorder due to industrial incident and therefore the request is not medically necessary.