

Case Number:	CM15-0070361		
Date Assigned:	04/20/2015	Date of Injury:	02/17/2014
Decision Date:	07/02/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/14/2015

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, 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 42 year old male, who sustained an industrial injury on 2/17/14. The injured worker has complaints of right shoulder pain. The diagnoses have included dorsa lumbar sprain/strain; right shoulder impingement syndrome and right knee instability. Treatment to date has included magnetic resonance imaging (MRI) of the right knee; naproxen and ibuprofen provided temporary relief and Mentherm cream; physical therapy; status post amyotrophic lateral sclerosis home exercise program without much benefit and right shoulder injection only gave temporary relief for a few days. The request was for range of motion testing for lumbar spine; Prilosec; Flexeril and referral to spine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 03/03/15).

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.

Decision rationale: The request for referral for ROM of the back is not medically necessary. ROM measurements are a component of a basic musculoskeletal exam, which does not require referral. ROM measurements are of limited diagnostic value. Therefore, this request is not medically necessary.

Prilosec 20mg #90 dispensed on 3/4/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk / proton pump inhibitors Page(s): 68-69.

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

Decision rationale: The request for Prilosec is not medically necessary. The patient is not currently taking NSAIDs and has no risk factors for adverse GI effects. Therefore, this request for Prilosec is not medically necessary.

Flexeril 10mg #60 dispensed on 3/4/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as second-line options for treatment of acute exacerbations in patient with chronic low back pain. Flexeril is recommended only for short course of treatment (no longer than 2-3 weeks). Its primary benefit is in the first 4 days of use. It is not recommended for long term use. Therefore, the request for Flexeril 10 mg #60 is not medically necessary.

Referral to spine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, page 127.

Decision rationale: The request for a referral to a spine specialist is not medically necessary. ACOEM Occupational Medicine Practice Guidelines (page 127) state that referral to a specialist is recommended when the diagnosis is uncertain or complex. In this case, the patient has ongoing back pain with some radicular symptoms, but no documentation of neurologic abnormality suggesting the necessity of a consultation with a spine specialist. He is also not a surgical candidate. Therefore, the request is deemed not medically necessary.