MAXIMUS Federal Services

Case Number:	CM15-0070787		
Date Assigned:	04/20/2015	Date of Injury:	11/14/2014
Decision Date:	07/01/2015	UR Denial Date:	04/06/2015
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 31-year-old male, who sustained an industrial injury on 11/14/2014. He reported dizziness, headache and neck pain. Treatment to date has included x-rays, physical therapy and medications. According to a progress report dated 03/23/2015, the injured worker complained of neck pain, headache and thoracic spine pain. Pain was rated 5 on a scale of 1-10. The injured worker was only taking one medication at that time and did not know the name of it. Objective findings included limited extension of the cervical spine with endpoints of pain, limited flexion, tenderness to palpation in the right greater than left paracervical muscles and minimal tenderness along the right superior nuchal line. Diagnoses included neck pain, headache and thoracic spine pain. Treatment plan included MRI of the cervical spine, acupuncture, Relafen, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The AEOEM Guidelines lists criteria for ordering imaging studies and includes the following: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of anatomy prior to surgery. The claimant's medical records do not show evidence of the neurologic deficits or change in the neurologic exam to warrant an MRI. Specifically, he has no radiation of pain to the extremities and no numbness, tingling or other findings suggestive of spinal nerve impingement. The guideline criteria are not met. The request for an MRI of the cervical spine is not necessary or appropriate.

Acupuncture 2 x week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the MTUS Acupuncture Guidelines, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. In this case, however, the eight-session course of treatment requested is in excess of the MTUS Guidelines. Therefore this request in not medically necessary or appropriate.

Relafen 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The CA MTUS recommends NSAIDs such as Relafen at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered as a first-line therapy for patients with mild to moderate pain. Ibuprofen should be considered as a first-line agent before other NSAIDs such as Relafen are prescribed. In this case, Acetaminophen or a first-line NSAID (Ibuprofen) is appropriate, but there is no indication in the medical records or a trial of these medications. Therefore, the request for Relafen is deemed not medically necessary or appropriate at this time.

Flexeril 7.5mg #30: Upheld

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

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

Decision rationale: The MTUS Guidelines state that Flexeril is recommended for a short course of therapy. Three to four days of use for acute spasm and no more than 2-3 weeks of use is recommended. Chronic use is not recommended. In this case, there is no documentation of muscle spasm on physical examination in the records submitted for review. Therefore, there appears to be no indication for a muscle relaxant. Thus, this request is deemed not medically necessary.