

Case Number:	CM15-0099660		
Date Assigned:	06/02/2015	Date of Injury:	06/13/2014
Decision Date:	07/08/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/22/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old male who sustained a work related injury June 13, 2014. While unloading boxes from a truck he missed a step and fell from a height of 5 feet. He landed on his right knee, lower back and right shoulder. He was treated with ice, anti-inflammatories, and 6 sessions of physical therapy. According to a primary treating physician's progress report, dated April 23, 2015, the injured worker presented with cervical spine, lumbar spine, right shoulder, and right knee pain. The persistent pain in the neck is rated as 5/10, the lower back 6/10 and slightly worsening, right shoulder 8/10 and worsening with activities, and the right knee 4.10 and frequent. He reports taking Norco for the more severe pain and regularly taking Tylenol #3. Objective findings included; 5'8" and 250 pounds, cervical spine with decreased range of motion, tenderness over the paraspinals and decreased strength on the right 4+/5 C5-C8, normal on the left. The lumbar spine revealed; tenderness in the midline, tenderness and hypertonicity over the paraspinal musculature and limited range of motion. The right shoulder revealed; healed portals, range of motion, forward flexion, and abduction 140 degrees and internal and external rotation 60 degrees, positive Hawkins and Neer's test and tenderness over the subacromial space. The right knee revealed; decreased range of motion and tenderness over the medial and lateral joint lines. Diagnoses are documented as; cervical and lumbar sprain, rule out herniation; right knee sprain, rule out meniscal tear; right shoulder strain. At issue, is the request for authorization for an MRI of the lumbar spine and Tylenol #3.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: MTUS/ACOEM recommends MRI LSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. The records do not document such red flag findings at this time. The rationale/indication for the requested lumbar MRI are not apparent. This request is not medically necessary.

Tylenol No 3 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.