

Case Number:	CM13-0012519		
Date Assigned:	12/11/2013	Date of Injury:	03/23/2010
Decision Date:	01/21/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old female with a date of injury of March 23, 2010. The patient is moving heavy objects or worked when she developed acute onset low back pain and leg pain. Her excepted body parts include lower back area, lower arms, bilateral lower legs, soft tissue of the head and spinal cord in the neck. There is an MRI dated generate when I just 11 of the lumbar spine showing disc degeneration and arthritis. An MRI dated January 29 of 1100 cervical spine states mild spondylosis and mild stenosis. There is a positive EMG on the right. The patient had a lumbar epidural injection on August 5, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection procedure for myelography for the spinal injection, QTY: 1.00: Upheld

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

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

Decision rationale: This service is not medically necessary. CA MTUS on page 177 of ACOEM states that special studies are not needed unless there is 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 the anatomy prior to an invasive procedure. The patient does not meet these criteria for a myelography. Although the patient is going to have an ESI, this procedure will be done under fluoroscopy and does not need other imaging. There were no records showing the need for this procedure.

Fluoroscopy guidance, QTY: 1.00: Overturned

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 ESI Page(s): 46.

Decision rationale: This patient has been authorized for ESI. CA MTUS states (page 46) that ESI need to be done under fluoroscopy. It is assumed that the ESI procedure would be under fluoroscopy, but as it has been specially requested, this procedure is medically necessary.

Genetic testing narcotic risk, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Web: 2004: Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DNA Testing Page(s): 42.

Decision rationale: The MTUS Chronic Pain guidelines page 42 indicate that there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. In this case, the outcome of genetic testing would not influence the employee's diagnosis or treatment. The request for genetic testing for narcotic risk is not medically necessary and appropriate.