

Case Number:	CM13-0013185		
Date Assigned:	09/25/2013	Date of Injury:	09/06/2012
Decision Date:	02/04/2014	UR Denial Date:	07/22/2013
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 Anesthesiologist, has a subspecialty in Pain 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 37 year old female who had complaints of pain to left hand secondary to an injury and burn. The patient was seen on 08/27/2013 for evaluation. The patient had a ganglion stellate block with good result documented. The patient had a positive EMG as well. The patient is pending spinal cord stimulators for treatment for complex regional pain syndrome to the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, spinal cord stimulators (SCS) and Spinal cord stimulators (SCS) Page(s): 38 and 105.

Decision rationale: The request for cervical MRI without contrast is non-certified. The documentation submitted for review indicates that the MRI is requested for the purposes of spinal cord stimulator placement. The guidelines do not recommend a cervical MRI in relation to spinal cord stimulator placement. Given the information submitted for review the request for cervical MRI without contrast is non-certified.

