MAXIMUS Federal Services

Case Number:	CM13-0019718		
Date Assigned:	10/11/2013	Date of Injury:	04/21/2009
Decision Date:	01/08/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 04/21/2009. The primary treating diagnosis is a back sprain. This patient is a 61-year-old woman who has been noted to have a whiplash injury to her neck in April 2009. A prior physician review notes that this patient was treated previously with Botox for spasmatic torticollis and post-traumatic cervical dystonia in October 2011 and that the patient has also been treated for low back pain and knee pain. As of 07/11/2013, the patient had reported tenderness in the cervical spinous process and also pain with axial compression. By 08/14/2013, the patient reported her pain was variable and severe at times, and she had limited range of motion in the cervical region in all directions. She was neurologically intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

A cervical epidural steroid injection: 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 Epidural Steroid Injections.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or

electrodiagnostic testing. The medical records at this time do not document neurological deficits to support an indication for cervical epidural injection. Overall, the medical records do not rise to a level suggesting a pain management evaluation specifically for an epidural injection because it appears apparent from the existing data that the patient does not meet this criteria. The request for a cervical epidural steroid injection is not medically necessary and appropriate.

An internal medicine consultation for complaints of chest pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22.

Decision rationale: ACOEM guidelines state that a focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of apparent job-related disorder. At this time there is essentially no clinical information available to understand the nature of this request. An application for independent medical review states that the patient complains of chest pain and that an internal medicine consultation was requested and that dispute letters were to be filed given that this was not an accepted part of the claim. There is essentially no clinical information available and thus no basis upon which to assign guidelines in this case. The request for an internal medicine consultation is not medically necessary and appropriate.