MAXIMUS Federal Services

Case Number:	CM13-0039310		
Date Assigned:	12/18/2013	Date of Injury:	07/02/2012
Decision Date:	03/14/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/03/2013

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 expert reviewer is Board Certified in Dentistry and is licensed to practice in Texas. 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/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 male who reported an injury on 07/02/2012. The mechanism of injury involved a motor vehicle accident. The patient was diagnosed with a cervical sprain, thoracic sprain, lumbar sprain, gait imbalance disturbance and lower extremity weakness. The patient was seen by [redacted] on 10/03/2013. The patient reported ongoing neck pain. Physical examination revealed tenderness over the posterolateral cervical paravertebral muscles, tenderness over the paravertebral muscles at the mid thoracolumbar spine and 5/5 motor strength in the bilateral lower extremities. Treatment recommendations included medial branch blocks as bilateral C3-4 and T12-L1 as well as an authorization for a night guard.

IMR ISSUES, DECISIONS AND RATIONALES

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

Night Guard by way of Dental Consult and continued request for Injections(MBB): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a

treatment plan. As per the documentation submitted, there was no evidence of a comprehensive physical examination of the patient's oral cavity. The medical necessity for the requested durable medical equipment and dental consultation has not been established. Therefore, the request cannot be determined as medically appropriate. The California MTUS/ACOEM Practice Guidelines further state that invasive techniques, such as facet joint injections, have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines state that clinical presentation should be consistent with facet joint pain, signs and symptoms. There is no evidence of facet-mediated pain in the cervical or thoracolumbar spine. There was also no documentation of a recent failure to respond to conservative treatment, including home exercise, physical therapy and NSAIDs prior to the request for the procedure. The medical necessity has not been established; therefore, the request is non-certified.