

Case Number:	CM13-0051951		
Date Assigned:	12/27/2013	Date of Injury:	06/05/2013
Decision Date:	03/20/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/15/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 61 year old female who reported an injury on 06/05/2013, secondary to a fall. The patient is diagnosed with cervical spine herniated nucleus pulposus, internal derangement, and radiculopathy. The patient was seen by [REDACTED] on 11/20/2013. The patient reported improving neck symptoms with physical therapy, 6/10 pain, and 7/10 pain in bilateral upper extremities. Physical examination revealed positive orthopedic testing for cervical dysfunction, as well as palpable tenderness to the wrist and elbow. Treatment recommendations included authorization for 8 sessions of physical therapy, a pain management consultation, 6 sessions of chiropractic treatment, and 6 visits of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Thoracic Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the

selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, the patient's physical examination on the requesting date of 10/18/2013 did not address the thoracic spine. Without documentation of tissue insult or nerve impairment, the patient does not meet criteria for an MRI of the thoracic spine. There is also no documentation of a failure to respond to conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.

Referral to Pain Management: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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 agreement to a treatment plan. As per the documentation submitted, a pain management consultation was requested on 10/18/2013 for a possible epidural steroid injection and medication management. However, there is no evidence of radiculopathy upon physical examination. There are no imaging studies submitted for review. The patient's current medication list is also not submitted for review. There is no evidence of an exhaustion of conservative treatment prior to the request for a specialty consultation. The medical necessity has not been established. Therefore, the request is non-certified.

Six(6) visits for C/S and T/S: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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 agreement to a treatment plan. As per the documentation submitted, a pain management consultation was requested on 10/18/2013 for a possible epidural steroid injection and medication management. However, there is no evidence of radiculopathy upon physical examination. There are no imaging studies submitted for review. The patient's current medication list is also not submitted for review. There is no evidence of an exhaustion of conservative treatment prior to the request for a specialty consultation. The medical necessity has not been established. Therefore, the request is non-certified.