

Case Number:	CM13-0058684		
Date Assigned:	12/30/2013	Date of Injury:	03/02/2012
Decision Date:	03/26/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 Orthopedic Surgery 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:

Female claimant with industrial injury 3/2/11. Exam note demonstrates complaints of neck pain and left shoulder pain despite PT. Report of positive Spurling's sign in records. MRI cervical spine demonstrates 1.1 mm disc bulge and MRI left shoulder demonstrates AC osteoarthritis and supraspinatus and infraspinatus tendinosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 left cervical epidural based steroid therapeutic pain management procedure with epidurogram with procedure modification as indicated as well as left shoulder injection:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Physician Reviewer's decision rationale: Based upon the records reviewed there is insufficient evidence to support medical necessity for cervical epidurals. Therefore the determination is for non-certification.

Pre-surgical laboratory: metabolic panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Physician Reviewer's decision rationale: As the surgical procedure is non-certified as not medically necessary then the decision for pre-surgical laboratory: metabolic panel is not medical necessary and non-certified.

Pre-surgical laboratory: complete blood count (complete blood count (CBC): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)), Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Physician Reviewer's decision rationale: As the surgical procedure is non-certified as not medically necessary then the decision for complete blood count is not medical necessary and non-certified.

Pre-surgical laboratory: prothrombin time/ international normalized ratio (PT/INR): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Decision rationale: The Physician Reviewer's decision rationale: As the surgical procedure is non-certified as not medically necessary then the decision for PT/iNR is not medical necessary and non-certified.

Pre-surgical laboratory: partial thromboplastin time (PTT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Decision rationale: The Physician Reviewer's decision rationale: As the surgical procedure is non-certified as not medically necessary then the decision for PTT is not medical necessary and non-certified.

Pre-surgical laboratory: urine analysis (UA): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: As the surgical procedure is non-certified as not medically necessary then the decision for UA is not medical necessary and non-certified.