MAXIMUS Federal Services

Case Number:	CM14-0009545		
Date Assigned:	02/14/2014	Date of Injury:	01/08/2013
Decision Date:	06/26/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 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 injured worker is a 54-year-old male who was injured on January 8, 2013. The mechanism of injury is not specified. A progress note dated February 11, 2014, indicates that the injured worker had previously sustained an injury and is scheduled for cervical spine surgery (this document does not indicate what procedure will be performed). The injured worker is documented as having presented at MRIs cervical spine which demonstrated multilevel degenerative changes with retrolisthesis at C4-5. Previous conservative measures include oral medications physical therapy. The utilization review in question is dated January 7, 2014. The reviewer denied the requests indicating that a specific medication with dosage and quantity was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION POSTOPERATIVE, NOT SPECIFIED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical judgment

Decision rationale: There is insufficient information given with this request. Specifically what medication is being requested, the dosage, and the quality. As such, is considered not medically necessary.

VITAMIN B-12 COMPLEX INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical judgment

Decision rationale: The included medical documentation does not indicate the dosage of this medication or frequency. As such, the guidelines cannot appropriately be applied. Based on currently clinical experience, standards of care, lack of clarification, and clinical judgment, this request is not medically necessary.