

Case Number:	CM14-0012433		
Date Assigned:	02/21/2014	Date of Injury:	04/03/2007
Decision Date:	08/06/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational Medicine, 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:

This is a 56-year-old male with a 4/3/07 date of injury. The patient was seen on 12/29/13 with worsening neck pain. He is noted to be working full time. Exam findings revealed mild diminished cervical rotation causing some mild pain, a palpable tight muscle on top of the right shoulder area, slightly decreased right shoulder range of motion on abduction, and overhead cross secondary to supraspinatus pain. A positive Tinnels sign right greater than left was noted. The diagnosis is cervicalgia. An MRI of the cervical spine in 2009 showed mild disc bulge at C3-4 and C4-5 with broad based disc bulge at C6-7. Treatment to date has been a TENS unit, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL PROCEDURE CANDIDACY EVALUATION, ESI, MBB, MBA, ETC.:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

Decision rationale: The ACOEM states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The request is for cervical procedure candidacy, including epidurals, and medial branch blocks. The requested procedures all have different criteria under MTUS guidelines. In addition, the rationale for these procedures is unclear in this patient. There is no documentation to support these procedures at this time. The request is non-specific. Therefore, the request is not medically necessary.