

Case Number:	CM14-0015399		
Date Assigned:	02/28/2014	Date of Injury:	11/18/2010
Decision Date:	06/30/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 injured worker is a 58-year-old female, and her date of injury is 11/18/2010. The mechanism of injury is described as breaking up a fight. Progress report dated 10/01/13 indicates that the injured worker has continued symptomatology in the lumbar spine. On physical examination, there is tenderness from the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test is positive. There is dysesthesias at the L5 and S1 dermatomes. There is weakness of the ankles and toes. Diagnoses are cervical discopathy, lumbar discopathy, bilateral carpal tunnel/double crush syndrome, shoulder impingement, and internal derangement bilateral knees. Physical examination of the cervical spine on 10/29/13 indicates tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver are positive. There is painful and restricted cervical range of motion. Note dated 12/10/13 indicates that physical examination is largely unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGES CERVICAL SPINE QUANTITY : 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 8(NECK & UPPER BACK COMPLAINTS), 177-178

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: There is no documentation of significant changes on physical examination and no red flag diagnoses are documented, as required by ACOEM guidelines. The injured worker has been authorized for EMG/NCV (electromyography/nerve conduction velocity); however, this report is not submitted for review. Based on the clinical information provided, the request for magnetic resonance images cervical spine is not recommended as medically necessary.

CONSULTATION PAIN MANAGEMENT QUANTITY : 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 46

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Based on the clinical information provided, the request for consultation pain management is not recommended as medically necessary. The submitted records indicate that the injured worker has been referred for pain management consultation for consideration of a lumbar epidural steroid injection. The submitted records do not contain any imaging studies and/or electrodiagnostic results. There is no current, detailed physical examination submitted for review. Therefore, ACOEM criteria are not met, and the requested consultation is not medically necessary. .