

Case Number:	CM14-0026572		
Date Assigned:	06/13/2014	Date of Injury:	02/22/2012
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 56 year old male whose date of injury is 02/22/2012. The mechanism of injury is not described. Report dated 05/12/14 indicates that diagnoses are cervical spine sprain/strain with bilateral upper extremity radiculitis and 2 mm disc protrusion with stenosis at C6-7. The injured worker complains of ongoing neck and bilateral upper extremity symptoms. The injured worker was recommended for pain management consultation for cervical epidural steroid injection. On physical examination sensation is decreased in a patchy distribution. Deep tendon reflexes are 2+ throughout.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

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 preoperative medical clearance is not recommended as medically necessary. The submitted records fail to

indicate that the injured worker has been recommended for surgical intervention. Therefore, the request for preoperative medical clearance is not medically necessary. There is no clear rationale provided to support the request at this time.

POST-OPERATIVE CARE AND REHABILITATION: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 postoperative care and rehabilitation is not recommended as medically necessary. The submitted records fail to indicate that the injured worker has been recommended for surgical intervention. Therefore, the request for postoperative care and rehabilitation is not medically necessary. There is no clear rationale provided to support the request at this time.