

Case Number:	CM14-0033488		
Date Assigned:	06/20/2014	Date of Injury:	01/27/2000
Decision Date:	08/12/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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 Management 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 48 year old female who reported an injury to her neck and low back. The clinical note dated 07/29/13 indicates the injured worker complaining of low back pain that was rated as 7-8/10. The injured worker described a constant aching with intermittent muscle spasms as well as shooting pains that radiate into the left hip. The injured worker also reported neck pain, specifically on the right. The injured worker's past medical history is significant for a carpal tunnel release on the right, a C5-6 Anterior cervical discectomy and fusion and a thyroid surgery. The injured worker demonstrated 4/5 strength at the right biceps and 3+/5 strength in both upper extremities with opposition. The injured worker was also identified as having a positive Spurling's test. The clinical note dated 10/24/13 indicates the injured worker reporting ongoing neck, right upper extremity, and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The documentation indicates the injured worker having complaints of cervical region pain specifically on the right. A magnetic resonance image of the cervical spine is indicated for injured workers who have continued symptomology following a full course of conservative therapy. No information was submitted regarding the injured worker's recent completion of any conservative treatments addressing the cervical complaints. The request for a magnetic resonance image of the cervical spine is not medically necessary.

Spinal Cord Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 222.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Pages 113-6 Page(s): 113-116.

Decision rationale: A spinal cord stimulator is indicated for injured workers who have undergone a 1 month trial with an objective functional improvement. No information was submitted regarding the injured worker's previous trial of a spinal cord stimulator. Therefore, the request for a spinal cord stimulator is not medically necessary.

Lumbar Myelography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: A myelogram of the lumbar spine is indicated for injured workers who have completed all conservative treatments. No information was submitted regarding the injured worker's recent completion of any conservative treatments addressing the lumbar complaints. Therefore, this request is not indicated as medically necessary.