

Case Number:	CM14-0034651		
Date Assigned:	06/20/2014	Date of Injury:	06/21/2012
Decision Date:	07/24/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 45 year-old lady was reportedly injured on June 21, 2012. The mechanism of injury is noted as a traction event (pulling weeds) and lifting. The most recent progress note, dated March 26, 2014, indicates that there are ongoing complaints of neck and low back pain. The physical examination demonstrated weakness in the bilateral upper extremities, decreased sensation in the C5 distribution and negative Waddell's signs. Diagnostic imaging studies objectified degenerative changes in the cervical spine (with a reported disc herniation at C5-6) and lumbar spine. No instability of lumbar spine is noted. Previous treatment includes multiple medications, physical therapy, and other conservative measures. A request had been made for a CT scan of the lumbar spine and epidural steroid injection in the neck and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAT Scan Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, CT (computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back.

Decision rationale: When noting the date of injury, the mechanism of injury, the findings noted on MRI and plain films it is clear that there is no acute pathology and only ordinary disease of life degenerative changes. There has been no exacerbation symptomology or clinical indication for a surgical intervention to address the sequelae of the event. Therefore, there is insufficient clinical information to establish the necessity for this request.

ESI of Neck-Level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The standards as outlined in the Chronic Pain Medical Treatment Guidelines for epidural steroid injections require objectification of a verifiable radiculopathy on electrodiagnostic studies. No such evidence is presented for review. Furthermore, the physical examination does not establish the presence of a radiculopathy. Therefore, based on the injury sustained, the pathology noted, the lack of physical examination or electrodiagnostic evidence of a verifiable radiculopathy, this is noted not to be medically necessary.