

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0060537 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 09/17/2009 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 04/22/2014 |
| Priority: | Standard | Application Received: | 05/01/2014 |

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 & Rehabilitation 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 49-year-old male who reported an injury on 09/17/2009. The mechanism of injury was not provided. On 04/21/2014, the injured worker presented with cervical pain. Upon examination, cervical spine range of motion was unchanged. Pain was rated as a 1/10. There was neck pain presented with backache and decreased range of motion. Diagnoses were thoracic facet syndrome and cervical postlaminectomy syndrome. The provider recommended a bilateral costovertebral injection for the right T6, T8, T3, and T4. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral costovertebral injections -Right T6, T8 and Left T3, T4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG web edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, CRPS, sympathetic blocks (therapeutic).

Decision rationale: Based on the review of the documentation submitted; The request for Bilateral costovertebral injections -Right T6, T8 and Left T3, T4 is not medically necessary and appropriate.