

Case Number:	CM14-0080171		
Date Assigned:	07/18/2014	Date of Injury:	05/09/2011
Decision Date:	09/30/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational 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:

This patient is a 61 y/o male who has developed recurrent neck pain subsequent to a fall on 5/09/11. The fall caused major trauma including lost of consciousness, a subarachnoid bleed, facial fractures, rib fractures and neck pain with an early right sided myelopathy. Subsequently this patients symptoms stablized and he returned to work for some time. More recently he has complained of increased cervcial pain with radiation down the left arm. The treating physician documents signs and symptoms of a left sided radiculopathy. A fairly recent QME evaluator documents increasing neck pain, but does not find the left sided symptoms suggestive of a radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine MRI: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: MTUS Guidelines supports spinal MRI studies if there are persistent signs and symptoms of neurological compromise. Even though there is inconsistent findings between

the primary treating physician and QME evaluator. The treating physician does document a specific dermatomal loss and a positive neck exam. The request for an updated cervical MRI is consistent with Guidelines and is medically necessary.

Cervical Epidural Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines do not recommend epidural injections unless there is consistent clinical and test results which confirm a radiculopathy. The requested MRI is not completed so the test confirmation is lacking. Under these circumstances the epidural does not meet Guideline standards and is not medically necessary.

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: MTUS Guidelines supports the use of a referral when a physician is not comfortable with a particular medical condition. It is not unusual for an orthopedist to have a chronic pain specialist involved in care and/or recommendations. The request for a pain management consultation is medically necessary.