

Case Number:	CM14-0093494		
Date Assigned:	09/19/2014	Date of Injury:	02/13/2008
Decision Date:	11/26/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 50-year-old female who reported an injury on 02/03/2008. The mechanism of injury was a fall over a chair. Her diagnoses included cervical myopathy, and spinal cord injury. The previous treatments included medication, physical therapy, and occupational therapy. Within the clinical documentation dated 07/08/2014, it was reported the patient was status post anterior cervical fusion, had chronic back pain with presented L5-S1 disc revision, and had chronic depression. The injured worker developed lower abdominal pain which seemed to have resolved with minimal bleeding. Upon the physical examination, the provider noted the injured worker to be utilizing her BiPAP. The injured worker was lying in bed and responsive but slow. There was trace edema noted in the extremities. A request was submitted for anesthesia for a cervical MRI. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Review - Anesthesia time for cervical MRI (DOS 7-9-13): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Anesthesia.

Decision rationale: The retrospective request for anesthesia time for cervical MRI date of service 07/09/2013 is not medically necessary. The Official Disability Guidelines recommend anesthesia for surgical procedures. The majority of people with hip fractures are treated surgically, requiring anesthesia, Meta analysis concluded that there is insufficient evidence available from trials comparing regional versus general anesthesia to determine any clinical important differences. The retrospective date of service was not submitted for clinical review. There is lack of significant objective findings warranting the medical necessity for anesthesia. There is lack of documentation indicating the injured worker to have anxiety or claustrophobia warranting the medical necessity for the request. Therefore, the request is not medically necessary.