

Case Number:	CM15-0011850		
Date Assigned:	01/29/2015	Date of Injury:	09/02/2010
Decision Date:	05/01/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Illinois
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

On 01/09/2015, the injured worker presented for a followup evaluation. She stated that she was having a lot of pain in the back of her head. It was noted that her analgesia was unsatisfactory, and that she had not been able to take any of her medications due to her lack of coverage. A physical examination showed that she rated her pain at a 5/10, with intervals no lower than 3/10; and sometimes higher than 6/10. She appeared fatigued and uncomfortable, and there was positive tenderness to palpation of the bilateral occipital ridges, left greater than the right. There was decreased range of motion on the left greater than the right of 15 degrees, right at 20 degrees. There was also decreased sensation in the right upper extremity. She was diagnosed with cervical degenerative joint disease, with intractable neck pain; occipital neuralgia secondary to industrial related injury; cervical radiculopathy. The treatment plan was for a cervical MRI and a referral to [REDACTED]. The rationale for treatment was to evaluate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment and who would consider surgery an option. The documentation provided does indicate that the injured worker is symptomatic regarding the occipital region. However, there is a lack of documentation indicating that she has any significant neurological deficits in a specific dermatomal pattern that would support the request for an MRI. Also, there is a lack of evidence showing that she has tried and failed recommended conservative treatment. Therefore, the request is not supported. As such, the request is not medically necessary.

Referral to [REDACTED]: 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) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines indicate that office visits should be determined based upon a review of the injured worker's signs and symptoms, physical examination findings, and clinical stability. The documentation provided does not indicate that the injured worker is having any significant symptoms that the injured worker's primary care physician cannot evaluate. A clear rationale was also not provided for the medical necessity of a consultation with a separate physician. Therefore, the request is not supported. As such, the request is not medically necessary.