

Case Number:	CM15-0160467		
Date Assigned:	08/21/2015	Date of Injury:	04/01/2011
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on 04-01-11. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include an unspecified MRI. Current complaints include neck, scapular, and shoulder pain. Current diagnoses include cervical spondylosis with cervical radiculopathy, bilateral shoulder impingement syndrome, and lumbosacral sprain and strain with lumbar radiculopathy. In a progress note dated 06-23-15 the treating provider reports the plan of care as a repeated MRI, unspecified site, and AME appointment. The requested treatments include unspecified medications and an unspecified MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, unspecified body part: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: The ACOEM, California MTUS and ODG all have specific criteria for the use of medication in the treatment of chronic pain based on complaints and the body part involved and the results of the physical exam. Without specification of a specific medication, the request is not medically necessary.

Continue Medications, unspecified medications: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: The ACOEM, California MTUS and ODG all have specific criteria for the use of medication in the treatment of chronic pain based on complaints and the body part involved and the results of the physical exam. Without specification of a specific medication, the request is not medically necessary.