

Case Number:	CM15-0168729		
Date Assigned:	09/14/2015	Date of Injury:	01/07/2013
Decision Date:	10/21/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 45-year-old who has filed a claim for chronic neck pain, headaches, and myofascial pain syndrome reportedly associated with an industrial injury of January 7, 2013. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for a diagnostic injection to the neck. Non-MTUS ODG Guidelines were invoked. The claims administrator referenced an RFA form dated August 13, 2015 in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, associated the most recent notes on file were dated April 8, 2015 and May 22, 2015. On said April 8, 2015 progress note, the applicant reported ongoing complaints of neck pain. Cervical MRI imaging was sought. The claimant was described as having had an earlier cervical MRI imaging which was essentially unremarkable. The claimant was asked to follow up with a pain management physician. Mid scapular and upper trapezius pain was reported. The claimant was severely obese, with a BMI of 46. There was no mention of the need for diagnostic injection for the neck on this date. In a May 22, 2015 Qualified Medical Evaluator (QME), the claimant reported ongoing complaints of neck pain, shoulder pain, and upper back pain. Chest wall and rib pain were also reported. The claimant was on Topamax, Tramadol, Mobic, and an unspecified blood pressure-lowering medication. Permanent work restrictions were imposed, apparently resulting in the claimant's inability to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Injection for the neck (level not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Injection with Anaesthetics and /or Steroids.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: No, the proposed diagnostic injection for the neck at an unspecified level was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181 diagnostic blocks such as the article in question are deemed not recommended. Here, the information on file failed to furnish a clear or compelling rationale for a variance from the ACOEM position. Neither the June 3, 2015 progress note nor the August 13, 2015 RFA form on which the article in question was sought were incorporated into the IMR packet. The historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.