

Case Number:	CM15-0044851		
Date Assigned:	03/17/2015	Date of Injury:	11/13/2009
Decision Date:	04/20/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/10/2015

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: Oregon, California

Certification(s)/Specialty: Neurological Surgery

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 59-year-old male who reported injury on 11/13/2009. The mechanism of injury was not provided. The injured worker was noted to have an EEG and a brain MRI. Prior therapy included cognitive behavioral therapy. One note submitted for review was dated 05/06/2013. It indicated the injured worker was not doing well. The injured worker was anxious and nervous. The injured worker was walking with a limp. The injured worker had increased anxiety and irritability and his gait was impaired. The medications included Klonopin 0.5 mg 2 to 3 times a day for anxiety and panic attacks, Ambien 10 mg at bedtime #30, Latuda 40 mg at bedtime, Viibryd 40 mg 1 at bedtime. The injured worker was noted to be seen for medication management and supported psychotherapy once a month. The diagnosis was not provided. There was no Request for Authorization submitted to support the request and no examination was provided requested the intervention. There was no rationale provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative & Post-operative Neuroimaging Studies, Cervical & Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 104-164.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that the criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program or clarification of anatomy prior to an invasive procedure for the cervical region. They further indicate that in regard to the lumbar spine, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in injured workers who do not respond to treatment or who would consider surgery an option. There was no specific documentation requesting neuro imaging studies. The rationale was not provided. There was a lack of documentation of an objective physical examination with findings to support the necessity. The specific neuro imaging studies were not requested. The rationale was not provided. Given the above, the request for Pre-operative & Post-operative Neuroimaging Studies, Cervical & Lumbar Spine is not medically necessary.