

Case Number:	CM15-0067418		
Date Assigned:	04/15/2015	Date of Injury:	09/01/1999
Decision Date:	06/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/09/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

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

This 54 year old woman sustained an industrial injury on 9/1/1999. The mechanism of injury is not detailed. Evaluations include cervical spine MRI. Diagnoses include bilateral sacroiliac joint arthropathy with injections, cervical spine disease at multiple levels, and recurrent cervicalgia with right cervical radiculopathy. Treatment has included oral medications, facet rhizotomies, nerve root blocks, and sacroiliac joint injection. Physician notes dated 3/10/2015 show complaints of neck pain, right upper extremity pain, and headaches. Recommendations include repeating the epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up in 12 months: 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) pain chapter, office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The ACOEM Chapter 8 on Neck indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the request for a follow up visit in 12 months Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.