

Case Number:	CM14-0149830		
Date Assigned:	09/18/2014	Date of Injury:	07/20/2006
Decision Date:	10/23/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old male who reported an injury due to repetitive motion on 07/20/2006. On 07/01/2014, his diagnoses included cervicalgia, pain in the shoulder, cervical disc displacement, degenerative cervical disc and brachial neuritis or radiculitis. On 07/03/2014, he underwent a right selective nerve root injection at C6. There was no submitted documentation revealing any difficulties or problems with his lumbar spine. There was no rationale included in this injured worker's chart. A Request for Authorization dated 08/04/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 175, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308..

Decision rationale: The injured worker is a 47-year-old male who reported an injury due to repetitive motion on 07/20/2006. On 07/01/2014, his diagnoses included cervicalgia, pain in the shoulder, cervical disc displacement, degenerative cervical disc and brachial neuritis or radiculitis. On 07/03/2014, he underwent a right selective nerve root injection at C6. There was

no submitted documentation revealing any difficulties or problems with his lumbar spine. There was no rationale included in this injured worker's chart. A Request for Authorization dated 08/04/2014 was included.