

<b>Case Number:</b>	CM13-0040547		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/21/2000
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida, and Washington DC. 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 physician 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:

This 63 year old female met with an industrial accident on 10/21/2000. Last office visit on 7/10/20013 documents complaints of neck, knees, and left upper extremity pain. On Examination -Right knee Flexion -to 90 degrees, Extension is to 170 degrees, Strength is 4/5. Diagnosis - 1) Cervical spine disc bulges, 2) Lumbar spine strain, 3) Bilateral knee strain, 4) Thoracic spine strain, 5) Bilateral shoulder strain, 6) Bilateral elbow strain, 7) Left hip strain, 8) Bilateral Wrist/hand strain:: 9) Bilateral ankle/foot Strain Treatment Requested - I) Internal Medicine Consult II) Pain Management Follow-up III) Cervical Epidural Steroid Injection) The review is for the denial of the above three treatment requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroidal Injections, Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Chronic Pain, Epidural Steroidal Injections

**Decision rationale:** The Physician Reviewer's decision rationale: Guideline criteria have not been met. The claimant is noted with complaints of neck, knees, and left upper extremity pain. Exam showed right knee flexion to 90 degrees, extension is to 170. degrees, strength are 4/5. However, evidence of a recent comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

**Internal medicine consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 7, pg. 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM),3rd Edition, (2011) Chapter 7 and Official Disability Guidelines (ODG) Pain Procedure Summary.

**Decision rationale:** The claimant is noted with complaints of neck, knees, and left upper extremity pain. Exam showed right knee flexion to 90 degrees, extension is to 170 degrees, strength is 4/5. However, there is no documentation noting indication for consult. Guideline criteria have not been met. Therefore, this request is not indicated as medically necessary, since the cervical epidural steroid injection for which internal medicine consult was requested, was not approved.

**Pain management follow-up:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 7, pg. 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM),3rd Edition, (2011) Chapter 7 and Official Disability Guidelines (ODG) Pain Procedure summary

**Decision rationale:** There is no documentation noting indication for consult complaints of neck, knees, and left upper extremity pain. Exam showed right knee flexion to 90 degrees, extension is to 170 degrees, strength is 4/5. No documentation of tolerance or addiction. Guideline criteria have not been met. Therefore, this request is not indicated as medically necessary.