MAXIMUS Federal Services

Case Number:	CM13-0053947		
Date Assigned:	12/30/2013	Date of Injury:	06/12/2012
Decision Date:	07/30/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/08/2013

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 Internal Medicine and Pulmonary Diseases, and is licensed to practice in California, Florida, and New York. 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 42-year-old female who reported an injury on 6/12/12; the mechanism of injury was not provided for review. The injured worker had complaints of continued pain in the cervical spine which she described as moderate, and radiating down to the bilateral upper extremities. The injured worker also had complaints of pain in the shoulder and low back. Physical examination on 10/30/13 revealed cervical spine restriction and painful range of motion, tenderness to palpation over paraspinal musculature with paraspinal spasms noted, and Spurling's test was positive. The injured worker had an MRI on 10/14/13 which revealed no loss of intervertebral disc height, and disc desiccation changes seen at the C4-5 and C5-6 levels with straightening of the normal cervical spine lordosis. No prevertebral soft tissue abnormalities are seen. At the C4-5 and C5-6 levels, annular concentric and broad-based disc protrusions are present, flattening and abutting the anterior portion of the thecal sac with mild bilateral lateral spinal and neural foraminal stenosis. The injured worker had an EMG on 8/24/12 which revealed entrapment neuropathy of the median nerve at the left wrist and mild swelling of nerve conduction velocity. It also showed entrapment neuropathy of the ulnar nerve at the right wrist mainly affecting the sensory fibers; no electrophysiological evidence to support entrapment neuropathy of the right median, left ulnar, and bilateral radial nerves; there was no electrophysiological evidence to support distal peripheral neuropathy or motor radiculopathy in the upper extremities. Medications for the injured worker were not reported. Diagnoses included herniated cervical disc C4-5 and C5-6, positive MRI with radiculitis/radiculopathy, status post left shoulder arthroscopy surgery, left elbow strain/sprain, left wrist and hand strain/sprain, carpal tunnel syndrome, ulnar entrapment, right wrist and hand sprain/strain, Guyon's canal syndrome, lumbar spine sprain/strain, right foot and ankle sprain/strain, gastritis, and acute cephalgia. The treatment plan was for cervical epidural-based steroid therapeutic pain

management at the level of C4-5 and C5-6 with epidurogram procedure modification. The treatment plan also included an internal medicine evaluation for surgical clearance. The evaluation was to address the comorbidity of any existing medical condition, whether diagnosed or undiagnosed, as the risk of complications during the procedure need to be minimized. The injured worker was awaiting authorization for left hand carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine evaluation for surgical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: It is unclear why the internal medicine evaluation is needed. The treatment plan for the injured worker was for epidural steroid injections, and the injured worker was awaiting authorization for carpal tunnel syndrome release surgery. The Official Disability Guidelines state that evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonably physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates or medications such as certain antibiotics, require close monitoring. The documentation submitted for review does not state any medications that the injured worker is currently taking or past medications that have been tried and failed. There were no reports from physical medicine or physical therapy submitted for review in the document. The medical necessity for internal medicine evaluation for surgery clearance was not reported. Therefore, the request is not medically necessary.