

Case Number:	CM13-0057138		
Date Assigned:	12/30/2013	Date of Injury:	04/27/2005
Decision Date:	06/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a patient with the date of injury of April 27, 2005. A utilization review determination dated November 4, 2013 recommends non certification of "epidural injection and/or pain pump evaluation for her cervical spine." A progress report dated September 12, 2013 identifies subjective complaints of increased anxiety. The patient is requesting a referral to a neurologist for evaluation and possible treatment with injection or a pain pump to increase pain control and quality of life. Objective examination findings identify limited neck range of motion, functional range of motion in the upper extremities with 5/5 strength, and tenderness to palpation in the cervical region. Diagnoses include unspecified disk disorder in the cervical region and unspecified myalgia and myositis. The treatment plan recommends continuing with methadone and phenobarbital, start Gralise, and refer for evaluation and treatment of epidural injection and/or pain pump evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT REFERRAL FOR EVALUATION AND TREATMENT OF EPIDURAL INJECTION AND/OR PAIN PUMP FOR CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 46, 50.

Decision rationale: Regarding the request for Outpatient Referral for Evaluation and Treatment of Epidural Injection and/or Pain Pump for Cervical Spine, Chronic Pain Medical Treatment Guidelines cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Regarding the request for an intrathecal pump, Chronic Pain Medical Treatment Guidelines state that implantable drug delivery systems are recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated below including failure of at least 6 months of less invasive methods and following a successful temporary trial. Within the documentation available for review, there are no recent physical examination findings, imaging, or electrodiagnostic studies supporting a diagnosis of radiculopathy. Additionally, it does not show that this is an end-stage treatment that has exhausted all less invasive treatment options, to support the request for an intrathecal pump. In the absence of such documentation, the currently Outpatient Referral for Evaluation and Treatment of Epidural Injection and/or Pain Pump for Cervical Spine is not medically necessary.