

Case Number:	CM13-0063666		
Date Assigned:	05/21/2014	Date of Injury:	05/30/2013
Decision Date:	08/04/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 male who reported an injury due to a fall off a scaffold that was approximately 6 feet off the ground on 05/30/2013. In the clinical notes dated 02/19/2014, the injured worker complained of pain from the neck down. It was noted that the injured worker complained of pain in his neck that radiated into his trapezius and shoulders. He also complained of pain in both elbows, in his wrists and hands, and low back pain. It was noted that the injured worker denied any pain radiated down his arms or legs or any numbness, tingling, or weakness. Prior treatments included physical therapy and chiropractic therapy, and prescribed medications. It was noted that the injured worker was evaluated by a pain management physician who recommended lumbar epidural injections. The physical examination of the cervical spine revealed tenderness upon palpation to the trapezii bilaterally. The range of motion was noted as cervical extension 75% with pain, right lateral flexion 75% with pain, left lateral flexion 75% with pain, right rotation 75% with pain, and left rotation 75% with pain. The physical examination of the lumbar spine revealed moderately diminished range of motion with pain. Tenderness upon palpation to the lumbosacral midline was noted as positive. The physical examination of the bilateral shoulders revealed tenderness over the anterior and lateral acromion bilaterally, and a positive impingement 1 and impingement 2 bilaterally. Physical examination of the knees revealed bilateral knee range of motion to be full, but painful. There was also tenderness along the medial and lateral joint lines bilaterally. The diagnoses included cervical strain; one 2 mm disc bulge, and uncovertebral hypertrophy C5-6 with mild left neural foraminal stenosis, thoracic strain, mild thoracic scoliosis, mild facet arthropathy T7-12 without stenosis, lumbar strain, L5-S1 moderate right and moderate to severe left neural foraminal narrowing secondary to 4 to 5 mm disc bulge and facet hypertrophy with moderate to severe canal stenosis, 2 to 3 mm left paracentral disc protrusion L4-5 with facet hypertrophy with moderate to severe

canal stenosis, right elbow sprain/strain, right elbow arthritis (by report), right shoulder strain, mild to moderate acromioclavicular joint arthropathy right shoulder without significant deformity upon the supraspinatus muscle tendon complex, bilateral medial and lateral epicondylitis, right elbow mild osteoarthritis, bilateral right tendonitis, subchondral cyst right lunate with radioulnar joint effusion, bilateral carpal tunnel syndrome, bilateral upper extremity peripheral neuropathy, bilateral shoulder impingement, bilateral ankle sprain, bilateral knee sprain, and tear of posterior horn of medial meniscus of the right knee. It was annotated that the injured worker had been under the physician's care since 08/01/2013 with no change in symptoms during that period. It was also noted that the physician did not anticipate a significant change in the injured worker's clinical status in the foreseeable future, and as such, deemed the injured worker had reached maximum medical improvement. Future medical care would include prescription anti-inflammatory analgesic medications, and it was noted that narcotic analgesic medications would not be prescribed from the office. It was noted that if the injured worker required such medications, then consultation with a pain management specialist to provide such care would be appropriate. It was noted that the injured worker was discharged from active care. The request for pain management consultation, lumbar epidural steroid injection, and orthopedic consultation for the right knee was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 1.

Decision rationale: The request for pain management consultation is not medically necessary. The California MTUS Guidelines state that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with or without the use of pain medications. There is also a lack of documentation of the failure of prescribed pain medications, or the use of other conservative therapies. Therefore, the request for pain management consultation is not medically necessary.

LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The California MTUS Guidelines state that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery; but this treatment alone offers no significant long-term functional benefit. The criteria for the use of ESIs include: (1) radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; (2) initially unresponsive to conservative treatment (i.e., exercises, NSAIDs, physical methods, and muscle relaxants); (3) injections should be performed using fluoroscopy (live x-ray) for guidance, and no more than 2 nerve root levels should be injected using transforaminal blocks. In the clinical notes provided for review, there is a lack of documentation of the injured worker having positive radicular symptoms within the physical examination. It was annotated within the physical examination that the injured worker had bilateral negative straight leg raise with seated and supine tests. Additionally, the request lacks the location and annotation of the use of fluoroscopy for guidance. Therefore, the request for lumbar epidural steroid injection is not medically necessary.

ORTHOPEDIC CONSULTATION FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) Independent medical examinations and consultations.

Decision rationale: The request for orthopedic consultation for the right knee is not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consult is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating an injured worker within a doctor/pain relationship. In the clinical notes provided for review, there is a lack of documentation of the injured worker having any neurological or functional deficits of the right knee. It is annotated that there is tenderness along the medial/lateral joints bilaterally. There is also a lack of documentation of the injured worker taking pain medications or other conservative measures such as a home exercise program. Furthermore, the clinical documentation does not address the physician requesting a consultation for the right knee. Therefore, the request for orthopedic consultation for the right knee is not medically necessary.