

<b>Case Number:</b>	CM14-0001464		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Orthopedic Surgery 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:

The patient is a male claimant with industrial injury on 2/21/11. An exam note 4/29/11 demonstrates claimant with intermittent headaches. The claimant reported constant pain in the neck with radiating features including shooting pain down shoulder and elbow to hand. An exam note 12/16/13 demonstrates complaints of intermittent and frequent flare-ups of pain about the neck region. An exam note demonstrates hyperesthesia in the left upper extremity in a non-dermatomal pattern.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RE-EVALUATION/ PAIN MANAGEMENT CONSULTATION FOR THE CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 and ODG-TWC Neck and Upper Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** According to the California MTUS/Chronic Pain Medical Treatment Guidelines, cervical epidural injections are recommended for those patients who demonstrate

radiculopathy on physical examination which is corroborated by imaging studies. In this case the referral request for pain management consult for epidurals is not medically necessary. The request from 12/16/13 demonstrates a non-dermatomal pattern of pain and hyperesthesias. In addition there is no evidence of corroborating imaging studies.