

<b>Case Number:</b>	CM14-0002785		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 37-year-old female who reported an injury on 05/04/2010. The mechanism of injury was a slip and fall. Prior treatments included left sacroiliac joint fusion, 100 visits of physical therapy, 3 ganglion blocks, acupuncture, TENS unit, sling, and hardware removal. The injured worker underwent a left sacroiliac joint fusion on 01/14/2013. The injured worker underwent a stellate ganglion block on 11/01/2013. The most recent documentation for PR-2 was dated 11/06/2013, which revealed the injured worker had needles, stabbing, numbness, pressure, and shooting and burning. The injured worker indicated the pain was in the cervical spine, left upper extremity, lower back, left hip, buttock, and leg. The medications were stated to be none. The physical examination revealed the injured worker had pain across the cervical spine on extension along the facet joints. The injured worker had decreased range of motion. The injured worker had tenderness to palpation at C4-5. The injured worker had tenderness to palpation in the L4-5 region of the spine. The injured worker had pain across the lumbar spine on extension and along facet joints with tenderness along the left SI joint. The injured worker had 4+/5 strength in the left upper extremity. The injured worker had pain to pinprick and light touch in the left upper extremity. The reflexes were 1+ in the left biceps and 1+ in the left ankle. The diagnoses included reflex sympathetic dystrophy, myofascial pain syndrome, lumbar and cervical facet arthropathy, and lumbar degenerative disc disease. The treatment plan included conservative treatment including a home exercise program, moist heat, and stretches, as well as medications. The list of medications was not provided as they were stated to be none. The DWC Form RFAs dated 12/19/2013 were for an epidural steroid injection at L5-S1, pain management consultation for the left upper extremity and cervical spine pain, and a follow-up appointment with a pain management physician for the epidural steroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **LUMBAR TRANSLUMINAR AT LUMBAR FIVE-SACRAL ONE LEVEL:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections when there are documented objective findings of radiculopathy that are corroborated by imaging and/or electrodiagnostics and are initially unresponsive to conservative management. There was a DWC Form RFA; however, no PR-2 was submitted with the requested treatment to indicate the injured worker had findings of radiculopathy and had a failure of conservative care. Additionally, there was no MRI submitted for review. Given the above, the request for lumbar transluminar at lumbar 5-sacral 1 level is not medically necessary.

### **CONSULT WITH PAIN MANAGEMENT FOR CERVICAL SPINE AND LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, PAGE 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), 2nd Edition, (2004) Chapter 6, Page 163.

**Decision rationale:** The ACOEM guidelines indicate that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work". There was no PR-2 submitted to support the request. There was a lack of documentation indicating recent objective findings to support the necessity for pain management. There was a lack of documentation of the injured worker's medications. Given the above, the request for a consult with pain management for cervical spine and left upper extremity is not medically necessary.

### **FOLLOW UP WITH PAIN MANAGEMENT POST INJECTION:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

