

Case Number:	CM14-0004367		
Date Assigned:	02/05/2014	Date of Injury:	10/28/2008
Decision Date:	06/27/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/13/2014

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. 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 51-year-old female who sustained an injury to her back on 10/28/08 after a fall at work. The patient stated that her symptoms are worse than before and that she recently had another fall at work that have aggravated the pain she already had. She reported pain in the neck, left shoulder and left arm with associated numbness. She stated that her neurologist requested imaging studies and nerve conduction studies. She is current currently taking Norco, ProSom and Lyrica. Physical examination noted limited range of motion in the left shoulder; tenderness over the superior border of trapezius muscle on the left side; some continece over the acromioclavicular joint area on the left side; paracervical muscle spasm and tenderness; decreased sensation to light touch over the left C6-7 and C7-8 dermatomes; paravertebral muscle spasm and tenderness throughout the upper and mid thoracic region. It was reported that MRI findings revealed at T4-5, T7-8 with degenerative disease narrowing of T4-5, T5-6 and T7-8. I was noted that physical therapy is pending authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL INJECTION, THORACIC SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIS), 46

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

Decision rationale: The request for epidural steroid injection, thoracic spine is not medically necessary. Previous request was denied on the basis that there were no radicular symptoms. EMG/NCV analysis and bloodwork were normal. MRI did not show any nerve root impingement and there was no evidence in the submitted records suggestive of an active radiculopathy. Therefore, the request was not considered medically reasonable. After review of the submitted clinical information, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for epidural steroid injection, thoracic spine has not been established. Therefore the request is not medically necessary.

RHEUMATOLOGY CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, 2004, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits

Decision rationale: The request for the request for rheumatology consult is not medically necessary. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment; however, there was no additional clinical information provided that would indicate rheumatoid arthritis. Given the clinical documentation submitted for review, medical necessity of the request for rheumatology consult has not been established. Therefore the request is not medically necessary.