

<b>Case Number:</b>	CM14-0012127		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Occupational Medicine, 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:

Patient is a 34-year-old male who has submitted a claim for cervical spine disc syndrome, bilateral shoulder rotator cuff syndrome, bilateral shoulder sprain / strain, lumbar spine disc syndrome, low back syndrome, bilateral knee sprain / strain, rule out internal derangement, bilateral knee osteoarthritis, bilateral knee meniscal tear, and headaches associated with an industrial injury date of 02/28/2013. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at the neck, bilateral shoulder, left knee, and low back, graded 7-8 / 10 in severity. This resulted to difficulty in performing activities of daily living. Range of motion of bilateral wrists was restricted. Phalen's and Tinel's tests were positive bilaterally. Physical examination of the lumbar spine showed muscle spasm and limited range of motion. Valsalva and Kemp's test were positive bilaterally. Braggard's test was positive on the left. Range of motion of both knees was restricted, with positive McMurray test at left. Motor strength at right lower extremity was graded 5-/5; while 4/5 at left lower extremity. Sensation was diminished at L5-S1 dermatomes, left. Patient utilized a single-point cane during ambulation. Limping at left lower extremity was noted. MRI of the cervical spine, dated 07/16/2013, showed disc desiccation at C2-C3 down to C6-C7. Multi-level broad-based posterior disc herniation at C4-C5, C5-C6, and C6-C7 were noted, which causes stenosis of the spinal canal and of bilateral neural foramen that contact the bilateral C5, C6, and C7 exiting nerve roots. MRI of the lumbar spine, dated 4/16/2013, showed multilevel disc protrusion with mild neural foraminal narrowing. Treatment to date has included left knee corticosteroid injection, use of a left knee brace, use of a lumbar brace, and medications. Utilization review from 01/09/2014 denied the request for pain management consult because the request was specified as a consult for epidural steroid injections to the cervical and lumbar spine. However, it would be reasonable to allow an initial consultation prior to recommending an intervention.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **PAIN MANAGEMENT CONSULT- FOR THE CERVICAL AND LUMBAR SPINE:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Treatment Utilization Schedule Examinations and Consultations, Ch. 7.

**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 7, Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** As stated on page 127 of the ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of persistent neck and low back pain despite conservative management. Physical examination revealed restricted range of motion, weakness, positive provocative tests, and dysesthesia. MRI of the cervical spine, dated 07/16/2013, showed multilevel disc desiccation causing stenosis of the spinal canal and bilateral neural foramen that contact the bilateral C5, C6, and C7 exiting nerve roots. MRI of the lumbar spine, dated 4/16/2013, showed multilevel disc protrusion with mild neural foraminal narrowing. The medical necessity for referral to a specialist has been established for further evaluation and management. Therefore, the request for Pain Management Consult- for the Cervical And Lumbar Spine is medically necessary and appropriate.