

Case Number:	CM14-0111023		
Date Assigned:	09/16/2014	Date of Injury:	02/21/2014
Decision Date:	10/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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 & 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 63-year-old female who reported an injury on 02/21/2014. The mechanism of injury was reported as several books falling onto the injured worker's head, neck, and back. The diagnoses included C4-5 disc degenerative with moderate to severe bilateral foraminal stenosis and mild spinal cord compression, bilateral sacroiliac joint dysfunction, and mild right foraminal narrowing at C3-4. The previous treatments included medication, physical therapy, and an MRI. Within the clinical note dated 06/06/2014 it was reported the injured worker complained of continuous neck pain which varied in intensity. The injured worker described the pain as achy pain, sharp shooting pain, and a burning sensation in nature. She complained of a constantly stiff neck. She rated her pain 7/10 in severity. Upon the physical examination the provider noted tenderness to palpation over the left trapezial musculature. There were tenderness and spasms noted in the paracervical muscles. The range of motion of the cervical neck was noted to be flexion at 50 degrees and extension at 20 degrees. Decreased sensation was noted over the left L5 dermatome distribution. The injured worker had a positive Tinel's on the right carpal tunnel, and a positive compression test bilateral. The lumbar spine and lower extremities are tenderness to palpation of the upper and lower lumbar spine. There was tenderness to palpation over the bilateral sacroiliac joints and over the sciatic notches. The range of motion of the lumbar spine was noted to be 60 degrees of flexion and 5 degrees of extension. The provider requested a pain management consultation and an Epidural Steroid Injection. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical visit.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), last updated 05/15/14, Evaluation and management (E&M)

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), updated guidelines, Chapter 6, page 163

Decision rationale: The request for a Pain Management Consultation is not medically necessary. The California MTUS Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss, and/or examining fitness for return to work. There was a lack of documentation indicating the medical necessity for the pain management consulting. The request submitted failed to provide the number of sessions to be completed. Therefore, the request is not medically necessary.

Epidural steroid injection at C4-5 qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: The request for an Epidural Steroid Injection at C4-5 quantity 1 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in dermatomal distribution with corroborated findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs and muscle relaxants. There is a lack of significant neurological deficits such as decreased sensation and motor strength in a specific dermatomal or myotomal distribution. The clinical documentation submitted did not indicate the injured worker had failed conservative treatment. Therefore, the request is not medically necessary.