

Case Number:	CM14-0121096		
Date Assigned:	08/06/2014	Date of Injury:	08/22/2012
Decision Date:	09/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/31/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 64-year-old female with a reported date of injury on 08/22/2012. The mechanism of injury was noted to be from repetitive trauma. Her diagnoses were noted include cervical degenerative disc disease, cervicgia, and upper extremity sprain/strain. Her previous treatments were noted to include physical therapy and medications. The unofficial report of the MRI to the cervical spine dated 11/30/2012 revealed evidence of spinal stenosis at C3-4, C4-5 with abnormal cord signal, which may have represented edema versus encephalomalacia, and multilevel degenerative disc disease with associated disc bulges and neuroforaminal narrowing. The progress note dated 07/02/2014 revealed the injured worker complained of neck pain that radiated into her left upper extremity. The injured worker indicated she was not attending physical therapy and not taking any prescribed medications for her orthopedic related symptoms. The injured worker indicated her sleep was not restful, and she averaged about 6 hours of sleep per night, and indicated the lack of sleep was secondary to pain, anxiety and depression. The injured worker noted difficulty with self-care to include urinated rated 3/5, difficulty with communication to include typing and seeing, both rated 3/5, and difficulty with physical activities to include walking, rated 2/5, and going up and down the stairs was rated 3/5. The injured worker complained of constant neck pain, which varied with activity, and was described as aching and sharp. There was radiation of pain to the left upper extremity and numbness in the neck. The injured worker indicated pain was improved with ice, heat, and over the counter Tylenol. The injured worker rated her neck pain as 8/10 to 9/10. There was slight left cervical paravertebral musculature tenderness, and slight left trapezius tenderness. There was no occipital nerve, winging of scapula or parascapular tenderness noted. The physical examination of the shoulder revealed a negative Spurling's test and no tenderness to palpation noted. The special

tests administered for the shoulder were noted to be negative and the motor strength was rated 5/5 bilaterally. There was no cubital tunnel tenderness noted. Special tests administered to the elbow were negative bilaterally, and ulnar deviation was to 30 degrees bilaterally. The special tests administered to the wrists were noted to be negative with normal finger range of motion. The neurological examination revealed the reflexes to the biceps, triceps, and brachioradialis was 1+ bilaterally and sensation was intact. The motor strength was rated 5+ bilaterally, and the radiographs taken in the office revealed degenerative osteoarthritis. The Request for Authorization form dated 07/18/2014 was for a referral to pain management for cervical epidural steroid injections.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The request for a pain management consultation is medically necessary. The injured worker complains of neck pain that radiates to her bilateral upper extremities despite previous physical therapy and oral medications. The ACOEM Guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. 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. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor/patient relationship. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distributions or corroborated findings of radiculopathy). The guidelines' criteria for these epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at 1 session. The MRI of the cervical spine revealed spinal stenosis at C3-4 and C4-5, and multilevel degenerative disc disease with associated disc bulges, and neuroforaminal narrowing. However, there was a

lack of clinical findings consistent with radiculopathy such as decreased sensation, motor strength, deep tendon reflexes, and a positive Spurling's. Therefore, radiculopathy has not been corroborated and the pain management consult is not warranted at this time. Therefore, the request is not medically necessary.