

<b>Case Number:</b>	CM14-0121727		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Texas. 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:

Medical records reflect the claimant is a 55 year old female who sustained a work injury on 4-13-11. The claimant is status post cervical decompression in 2012. The claimant has also been treated with medications, physical therapy, acupuncture, cervical traction, epidural steroid injection, and facet blocks. The claimant had an EMG/NCS on 1-26-14 which was normal. Office visit on 6-6-14 notes the claimant has neck and low back complaints. The treating doctor notes that the claimant has paraspinal tenderness and signs of radicular irritability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Repeat Cervical Spine Epidural Steroid Injection at C5-6 and C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Criteria for the use of Epidural ster.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter - epidural steroid injection

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as the Official Disability Guidelines (ODG) reflects that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50%

pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. This request is for a repeat epidural steroid injection and there is an absence in documentation noting the claimant has radicular findings on exam or response from prior epidural steroid injection as required in current treatment guidelines. Therefore, the medical necessity of this request is not established. The request for a repeat cervical spine epidural steroid injection at C5-6 and C6-7 is not medically necessary and appropriate.

**Referral for Internal Medicine Evaluation for Surgery Clearance:** Upheld

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

**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

**Decision rationale:** ACOEM Guidelines as approved by California Chapter 7 Independent Medical Examinations and Consultations notes the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. There is an absence in documentation noting that this claimant has a pathology that requires surgical clearance or that she is going to undergo a procedure for which she requires surgical clearance. Therefore, the request for a referral for internal medicine evaluation for surgery clearance is not medically necessary and appropriate.