

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0132048 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 07/25/2012 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 08/08/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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 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:

The injured worker is a 41-year-old female with a reported injury on 07/25/2012. The mechanism of injury was a slip and fall. The injured worker's diagnoses included neck pain with radiation into the right upper extremity, right shoulder pain, right wrist and hand pain, right thumb pain with numbness, right sided ribcage pain, lumbar spine and right hip pain. The injured worker's past treatments included medications, physical therapy, cervical epidural steroid injections, chiropractic care, psychiatric evaluation, work hardening, TENS unit, and trigger point injections. The injured worker's previous diagnostic testing included an MRI of the right shoulder on 09/12/2012 indicating supraspinatus and infraspinatus tendinosis. On 09/11/2012, the injured worker had MRIs of the left wrist and cervical spine. The left wrist MRI indicated median neuritis which may be associated with carpal tunnel syndrome. Synovial cyst anterior to the trapezius joint. Trapezium scaphoid osteoarthritis. Pisotriquetral synovial cyst. The MRI of the cervical spine indicated at C3-4, there was a 2.2 mm disc herniation; C4-5 disc herniation abuts the thecal sac measuring 2 mm. At C5-6, there is a focal disc herniation abutting the spinal cord producing spinal cord narrowing. Neural foramina are patent. Disc measurements 3.2 mm in flexion and extension and 3 mm in neutral. An undated upper extremity EMG was negative. No pertinent surgical history was provided. The injured worker was evaluated on 06/26/2014 for her complaints of worsening neck pain with soreness and radiation into the left shoulder and left upper extremity with numbness and tingling. The injured worker also complained of low back pain with left greater than right radiation. The clinician observed and reported head tilt to the right. There was a decrease in cervical lordosis. The cervical spine active range of motion was measured at 30 degrees of flexion, 40 degrees of extension, 20 degrees of left lateral flexion, 25 degrees of right lateral flexion, 35 degrees of left rotation, and 40 degrees of right rotation. It was noted that flexion, extension, left lateral flexion, right lateral flexion and left rotation were

all accompanied by pain. There was spinous tenderness noted from C3 to C7. The anterior scalene muscles were tight on the right and trapezius musculature was tight on the right. There was also spinous tenderness of the paravertebral musculature. Cervical distraction test, maximum foraminal compression test, and Soto-Hall test were all positive on the right. Maximum foraminal compression test, shoulder depression test, and Soto-Hall were all positive on the left. Sensation was diminished to the palm of the right hand. Motor strength was measured in the shoulders, the right measured 4/5 in all fields and the left measured 5/5 in all fields. Muscle strength of the wrist was measured at 4/5 on the right in all fields and 5/5 on the left in all fields. The Finkelstein test was positive on the right. The injured worker was evaluated by pain management on 07/29/2014 where she received 4 trigger point injections. The treatment plan was to request and follow up with cervical epidural steroid injection. The injured worker's medications included Imitrex and Topamax. No listing of pain medications was provided. The request was for pain management consult. The rationale for the request was that the injured worker requested a second cervical epidural steroid injection. The Request for Authorization form was submitted on 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management consult.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 Independent Medical Examinations and Consultations.

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

Decision rationale: The request for pain management consult is medically necessary. The injured worker continued to complain of pain. The Official Disability Guidelines recommend office visit as determined to be medically necessary. The injured worker was seen by pain management and given trigger point injections on 07/29/2014. On that date, a request was also made for cervical epidural steroid injection. Therefore, the request for Pain Management Consult is medically necessary.