

Case Number:	CM14-0132834		
Date Assigned:	08/22/2014	Date of Injury:	01/21/2013
Decision Date:	10/01/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/17/2014

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 Alabama. 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 patient is a 57 year old male who was injured on 01/21/2013 when he fell off a ladder. He underwent lumbar steroid injection at L3-4 and right L3-4 transforaminal epidurogram under fluoroscopy. Prior treatment history has included acupuncture and physical therapy which offered temporary relief of symptoms. Diagnostic studies reviewed include x-ray of the lumbar spine dated 07/15/2014 revealed chronic compression fracture with bridging osteophyte L1, retrolisthesis with abnormal motion on flexion/extension L4/5 disc desiccation L5/S1. Cervical spine x-rays revealed mild desiccation at C6/C7, no other significant abnormalities. Progress report dated 07/15/2014 documented the patient to have complaints of headaches, dizziness, occasional nausea, bilateral shoulder pain, left wrist pain and low back pain with radiation down the right leg. He describes popping and cracking with movement of the neck. The pain limits his movement of his head and neck. His back pain is constant with stiffness. He has pain, numbness, and weakness radiating down the right leg. He reported his radicular symptoms of the right lower extremity are constant as well. He complained of throbbing headaches and feeling of foginess. He has developed problems with his short term memory and impaired vision. On exam, there is tenderness to palpation over the paracervical, trapezius and midline bilaterally. Neck range of motion revealed flexion to 50 degrees; extension to 40 degrees; bilateral bending to 20 degrees; and bilateral rotation to 60 degrees. His back exam revealed lumbar range of motion exhibits flexion to 30 degrees; extension to 20 degrees; bilateral lateral bending to 30 degrees; and bilateral rotation to 30 degrees. The patient is diagnosed with cervical herniated nucleus pulposus; cervical spondylosis; lumbago, cervicalgia and lumbar spondylosis. He is recommended pool therapy for the lumbar spine and cervical epidural done by [REDACTED]. Prior utilization review dated 07/23/2014 states the request

for Consult treat with pain management specialist to perform cervical epidural-catheter assisted to C6-7 is modified to certify consultation with pain management specialist only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult treat with pain management specialist to perform cervical epidural-catheter assisted to C6-7: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 Independent Medical Examinations And Consultations pages 503-524, Official Disability Guidelines (ODG) current online as of 9/2014, Neck and Upper Back, Epidural steroid injections.

Decision rationale: The above ACOEM guidelines state "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... Consultation: To aid in the diagnosis, prognosis, therapeutic management." The above ODG guidelines for criteria for the use of epidural steroid injections states that "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the patient "may benefit from additional expertise," however there is no physical examination documented to demonstrate radiculopathy. The physical exam from note on 7/15/14 does not show any motor, sensory, or neurologic deficit to demonstrate radiculopathy. Because I am asked to decide yes or no on medical necessity, and not modify the request, the most appropriate decision is that the request is not medically necessary as the request for cervical epidural is clearly not indicated. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.