

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0155127 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 03/11/2002 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 09/04/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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, has a subspecialty in Interventional Spine 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 patient is a 58 year-old female with the date of injury of 03/11/2002. The patient presents with pain in her neck, right shoulder and right elbow. All reports provided by [REDACTED] reveal only diagnoses. These reports state: "subjective complains: see attachment 1 and attachment 2" "objective findings: see attachment 2." The attachments show the locations of pain and diagnoses. The utilization review letter on 09/04/2014 indicates that sensation to light touch in right lateral shoulder, right dorsal of thumb intact, right small finger and index finger was intact. According to [REDACTED] report on 08/12/2014, diagnostic impressions are;1) Cervical spine disc bulge2) Right shoulder surgery3) Right elbow surgery on 01/31/2006The utilization review determination being challenged is dated on 09/04/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/06/2014 to 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with orthopedist [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition (2004), Independent Medical Examination and Consultations. Ch: 7 page 127

Decision rationale: The patient presents with pain and weakness in her neck, right shoulder and right elbow. The patient is s/p right shoulder surgery and right elbow surgery. The request is for Consult with orthopedist [REDACTED] between 08/12/2014 and 10/21/2014. By now, ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." The utilization review letter on 09/04/2014 indicates that a consultation with orthopedist [REDACTED] was approved on 07/23/2014. However, there is no reports indicate whether the patient has had a consultation or not. Given the same request, it would appear that there may be some confusion. Recommendation is for medically necessity so that the patient can undergo the requested orthopedic consultation.

Cervical Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with pain and weakness in her neck, right shoulder and right elbow. The patient is s/p right shoulder surgery and right elbow surgery. The request is for Cervical Epidural injection (no specific levels indicated). MTUS guidelines state that "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" and recommend Epidural injection when there is initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants). In this case, none of the reports provide physical examination or imaging studies and/or electrodiagnostic testing to suggest radiculopathy. MTUS requires documentation radiculopathy. Furthermore, MTUS states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Recommendation is for medically necessary.