

Case Number:	CM14-0160171		
Date Assigned:	10/14/2014	Date of Injury:	05/10/2011
Decision Date:	11/17/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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 50-year-old female with date of injury of 05/10/2011. The listed diagnoses per [REDACTED] from 09/11/2014 are: 1. Cervical disk disease. 2. Cervical radiculopathy with pain. According to this report, the patient complains of neck and shoulder pain. The patient is working full duty. She is getting progressively more tired of the relentless pain that is coming into her left neck and shoulder. [REDACTED] saw her and reviewed the scans and recommended referral to an anesthesiologist for injections. The exam shows the patient is in mild distress. Range of motion of the neck is normal. Pain is noted on the left at the scapular level of the back. Motor exam is intact. The utilization review denied the request on 09/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PMR consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

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, page 127 PMR consultation

Decision rationale: The utilization review determined the request as not medically necessary stating, "The submitted reports do not outline significant neurologic deficits on examination including sensory alteration, motor weakness, asymmetrical deep tendon reflexes, and positive provocative test to warrant the requested consult. In addition, there is no clear correlation of the findings between the submitted MRI and outlined deficits on exam. Given these facts, the medical necessity is not established." In this case, the physician is referring to a PMR doctor for epidural injection. Based on the examination from 09/11/2014 the patient does not have any neurologic and sensory deficits and the MRI from 05/05/2014 does not show signs of radiculopathy. While a consultation for pain management may be reasonable, referral for an ESI does not appear indicated given the lack of indications for an ESI. The request is not medically necessary.

Local Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This patient presents with neck and shoulder pain. The physician is requesting for local injections. According to the 07/14/2014 report, the physician is requesting a local epidural injection to see if it will relieve the nerve irritation. The MTUS Guidelines pages 46 and 47 on epidural steroid injection state that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. MTUS further states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The MRI of the cervical spine from 05/05/2014 showed at C6-C7 posterior bulging causing a few millimeters encroachment on the anterior aspect of the thecal sac. At C5-C6, narrowing of the disk space is seen with posterior spurring and bulging causing several millimeters encroachment on the anterior aspect of the thecal sac. The examination from 09/11/2014 shows normal range of motion in the cervical spine with reports of pain on the left side of the back at the scapular level. Motor sensation is intact. In this case, while the patient reports continued pain in her neck and shoulders, the examination does not show any sensory or neurologic deficits. Furthermore, the MRI does not show any signs of radiculopathy which is required by the MTUS Guidelines for epidural steroid injections. Given that the patient does not meet the MTUS Guidelines for an epidural steroid injection, the request is deemed not medically necessary.